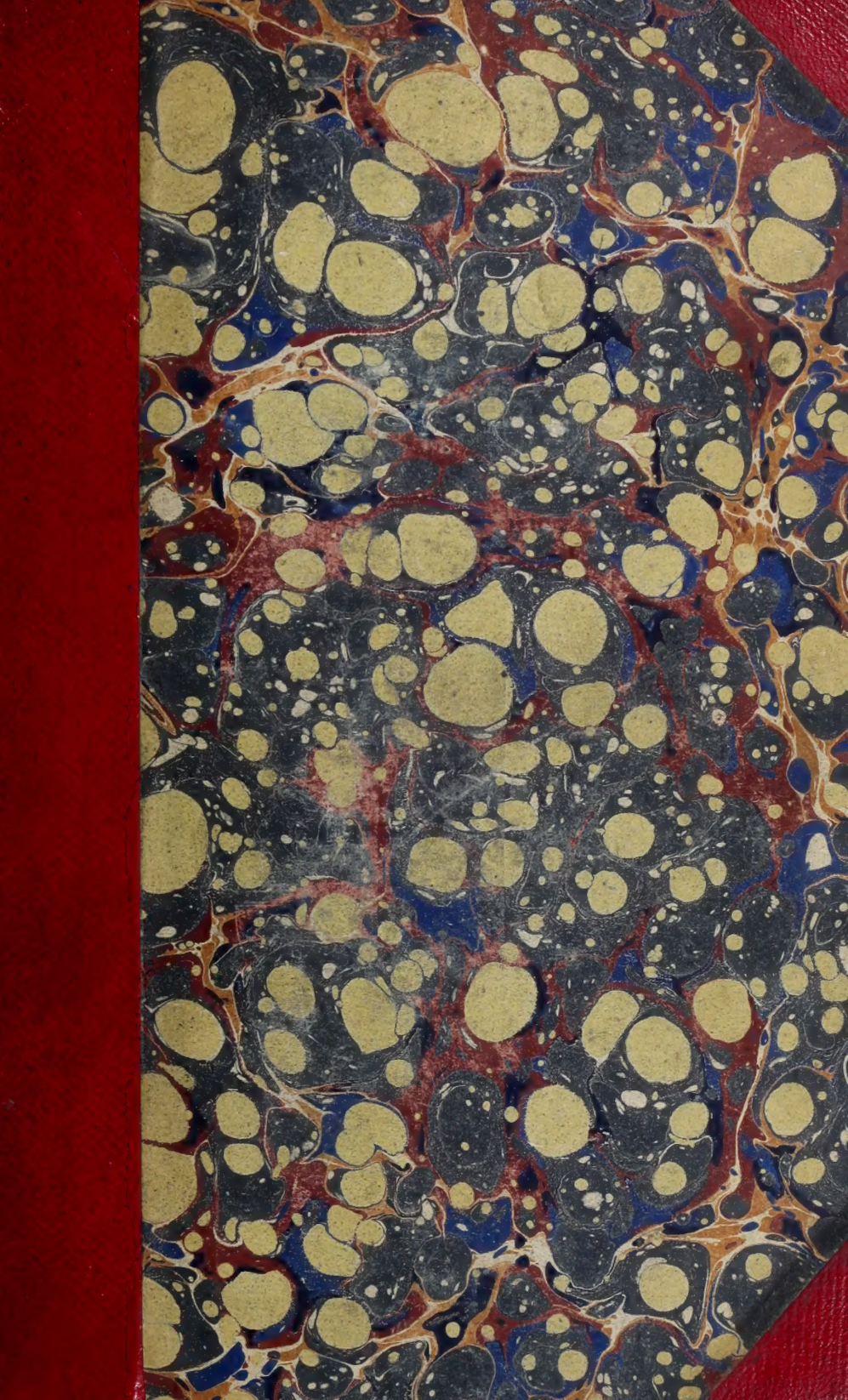
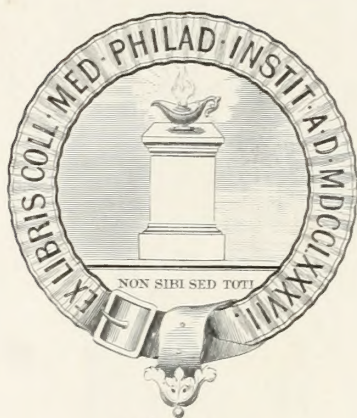
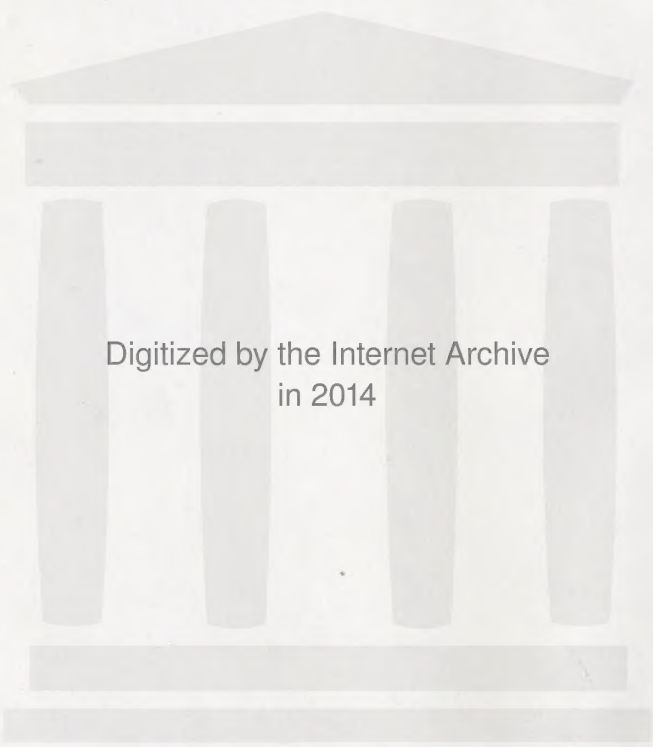




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THE CHICAGO

MEDICAL EXAMINER,

A Monthly Journal, devoted to the Educational, Scientific, and
practical interests of the Medical Profession.

EDITED BY

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AND

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THE CHICAGO MEDICAL EXAMINER

VOL. I.

JANUARY, 1860.

No. 1.

INTRODUCTORY ADDRESS BY PROF. N. S. DAVIS, ON THE OPENING
OF THE MEDICAL DEPARTMENT OF LIND UNIVERSITY.

Members of the Medical Class and Fellow Citizens:

The occasion on which we are assembled is one of no ordinary interest. The intimate relations which the medical profession bear to some of the most important and most sacred interests of human society, make everything relating to its education a matter of deep public concern. Hence we are gratified to see before us, not only the officers and trustees of the University, with the members of the medical class, but also many of our most enlightened citizens. We are assembled at the present time, not merely to open an ordinary college term, but to dedicate a new institution, and formally consecrate its halls to the noble purpose of diffusing a knowledge to the science and art of medicine—a purpose second in importance to no other of a temporal nature. It is not, however, merely the opening of a new institution, the addition of one more to the number of medical colleges already existing in our country, that has called us together this evening; but the opening of one on a different and, we humbly trust, better plan than any which have preceded it on this side of the Atlantic. Having thus deviated from the beaten path, the strict line of precedents in the establishment of this department of the Lind University, it may be reasonably expected that we will embrace the present opportunity to develop, so far as the hour allotted to us will permit, the reasons by which we have been influenced, the nature and extent of the changes we have adopted, and the objects we propose to accomplish by them.

The considerations which have induced the faculty to undertake the task of establishing this institution, may all be included in the two following propositions :

First, the very liberal offer of the Board of Trustees of the University, to furnish all the needed accommodations for a medical department, with no other restrictions than that the plan of instruction adopted should be such as would most effectually promote the educational interests of the profession without reference to established customs and usages.

Second, a sincere desire on the part of the faculty to put into practical operation a system of medical college instruction more in accordance with sound educational principles, and better adapted to the present state of the science and art of medicine, than that which has been so long adhered to by the medical schools of this country.

As this last proposition rests upon the assumption that the present system of medical college instruction in this country is defective, it may be proper to spend a few moments in investigating the truthfulness of that assumption, more especially as without this we might be charged with personal arrogance or an attempt to be wiser than our generation. It is well known that the system of medical education in vogue in this country has been the subject of discussion and severe criticism for many years. These discussions in the medical periodicals, and the State and local medical societies, led to the assembling of a National convention of delegates from the various medical societies and colleges in the United States, at New York, in May, 1846, and to an adjourned convention in Philadelphia the following year, when a permanent National Association was organized. At the primary convention in New York, three committees were appointed having reference to the subject of medical education.

The first was to report on the subject of preliminary education ; the second, on the requirements necessary for graduation ; and the third, on the proposition to separate from the colleges the right to issue diplomas which confer the right to practice.

Carefully considered reports were received from each of

these committees, at the meeting in Philadelphia the succeeding year. The first was presented by Dr. Couper, of Delaware, chairman of the committee, and strongly urged upon both the profession and the colleges the adoption of a higher standard of preliminary education before entering upon the study of medicine. The report from the second committee was presented by Dr. Haxall, of Virginia, and not only admitted that there were many and important defects in the prevalent system of college instruction, but specifically recommended an increase in the length of the annual college terms, an increase in the number of professors, an extension in the curriculum of study, and the exaction of a higher standard of qualification on the final examination for the degree. Both these reports were accepted by the convention, and after a free discussion, their recommendations were adopted with great unanimity. Two reports were received from the third committee, both admitting the system of Medical College instruction to be defective, but without definite action they were referred to the standing committee on medical education for the ensuing year. At the annual meeting of the American Medical Association in Baltimore, the following year, (1848,) the report from the standing committee on medical education was made by Dr. Alexander H. Stevens of New York, himself one of the oldest and ablest teachers in the Union. In his report he uses the following language, viz: "The truth of the proposition that there are striking deficiencies in our profession is, at this time, so generally conceded as to obviate the necessity of further demonstration." And again he says: "In whatever aspect the enterprise be viewed, the mind is finally arrested by the apparently radical source of all the evils and deficiencies in the profession, viz: the imperfect education of a large part of its members." At the close of his report Dr. Stevens urged a strict observance of the recommendations adopted the previous year, and in addition that hospital clinical instruction be made a necessary part of the Medical College instruction, and that the "faculties of medical schools be advised and requested, carefully to examine students after attendance on their first course of lectures, to issue certificates of proficiency to those who merit them, and to

regard the possession of such certificate, and attendance on another course of lectures indispensable preliminaries to a final examination for the doctorate."

At the next annual meeting of the American Medical Association, which was held in Boston, in May, 1849, and which was very fully attended by members and delegates from every part of our Union, the report on medical education was made by Dr. F. Campbell Stewart, of New York, chairman of the standing committee on that subject. This report contains an elaborate and highly interesting review of the system of medical college instruction adopted in the several European countries; and after comparing them with that existing in our own country, the author says: "The subjects taught in Europe are more numerous, and a much greater proportion of time is devoted to their study than is allowed in the United States. They are so disposed, also, that they follow each other in a regular consecutive order. The student is thus enabled to prepare himself on a given number of subjects, by close application to their details, in a reasonable period of time; after which he is examined; and, if successful, his mind being relieved of a portion of care and anxiety, he is better prepared to commence and prosecute the study of a new series, upon which he is likewise in turn examined, and which he dismisses for the time being from his thoughts. How infinitely superior is this course to that which compells him to burden his memory, and toil during the whole period of his attendance on lectures, to keep pace with his preceptors in their endeavors to impart to him instruction on a multitude of subjects, which are crowded together, and a knowledge of all of which must be obtained in the very short space of time allowed by most of our colleges as the period in which their courses are comprised."

Again, Dr. Stewart says: "The number of professors engaged in teaching medicine and surgery in connection with European schools is more than double, and, in some instances, four and five times as great as with us. This permits a division of labor, and enables those engaged in imparting knowledge to devote their time and energies to the full and comprehensive illustration of the subjects, the elucidation of which has been committed to them."

Besides reiterating the principal recommendations made in the reports of previous years, we find in this the following important propositions, viz: "We think that much might be gained by a division of the subjects taught into two classes; one series of which might be studied during the first course of lectures, and another during the second year's attendance. The anatomy and dissecting, together with chemistry, materia medica, pharmacy and physiology, might be studied during the first session, at the close of which, examinations should be held and certificates of acquirement given. During the second session, the subjects of surgery, practice of medicine, midwifery, and hospital attendance, with a continuation of the study of anatomy, might be insisted on. This we think would be a decided improvement upon the present plan, which requires attendance on all the branches during both sessions, and does not permit the student time to prepare himself thoroughly on any one of them. We urge your close attention to this proposition, which we hold to be important, and which we think would be found to work well."

At the same annual meeting of the Association, a special committee was appointed to embody in a report more fully the views of the profession on the subject of increasing the length of the annual lecture term. This committee consisted of the venerable Dr. Samuel Jackson, as chairman, and Drs. J. L. Atlee and Alfred Stille, all of Philadelphia. In the very able report of that committee we find it stated that, "to the imperfect and restricted courses of the schools, and the low standard of medical graduation, were attributed the superficiality and degradation of medicine." Again: the plan of four month courses of lectures belongs to the origin of medical schools in this country, and arose out of the necessities of the case. The establishment of medical lectures at all was a bold innovation; and, lest it might act as a discouragement to students, the term was made as short as possible, and limited to four months. And yet, at that period, medicine had but a moderate expansion, and scarcely made pretension to a scientific character."

The same report continues: "Since the first establishment of the medical schools, the field of medical science has changed

its entire aspect. The new departments that have been developed, exceed in extent, and equal in importance, the rudimentary branches forming the original scheme of medical education. They embrace what may be correctly designated the higher and scientific branches of education. To include them with the original courses, in lectures of four months' duration, is wholly impossible." After speaking of the crowded state of the profession, and its imperfect education, the same committee add: "The profession look to the schools to reform this evil; and they anticipate longer courses, new branches added, higher requisites for graduation, and an adequate preliminary education, as the means by which it is to be accomplished."

Elaborate and able reports from the standing committee on medical education were made to the Association, at its annual meetings in 1853, by Dr. Worthington Hooker, of Connecticut; in 1854, by Dr. G. L. Cabell, of Virginia; in 1857, by Dr. W. H. Anderson, of Alabama. In each of these reports the defective condition of our medical college courses of instruction was as fully acknowledged as in any that we have already noticed.

The last report which has been made to the Association on this subject, emanated from a special committee, of which Dr. James R. Wood, of New York, was chairman. The committee was appointed at the annual meeting of the Association in Nashville, May, 1857, and was instructed to report to the next annual meeting a definite plan of medical college organization and instruction. At the succeeding meeting in the city of Washington, May, 1858, Dr. J. R. Wood presented his report, which recognized the inadequacy of the prevailing system of medical college instruction, in the following explicit language, viz: "The great advancement of medical science during the last few years has materially changed the character of the curriculum of medical studies. The more common branches, as anatomy, chemistry, practical medicine, surgery, obstetrics, and materia medica, have been indefinitely enlarged, and now require for their complete elucidation far more time, and more patient and painstaking demonstration. But, in addition to the vast improvements, and their consequent expansion, other

fields in the domain of medical science have been opened for investigation, and earnest, thoughtful laborers have cultivated them not in vain. To afford the student facilities, therefore, for obtaining a complete and thorough medical education, our schools must increase the number of their professorships, in proportion as each new department of medical science attains the rank of a definite science.

Every teacher of medicine must be impressed with the importance of giving to both teacher and pupil more time, not only by lengthening the terms of our colleges, but also by having fewer lectures daily. The system, as at present pursued, is literally one of "cramming," and must sooner or later be essentially modified."

We have made these copious, and perhaps tedious extracts, not from the statements of those who are styled special advocates of reform in medicine, nor from public addresses, where the excitement of the occasion or the superfluities of rhetoric might lead to exaggerated expression; but from reports deliberately prepared by committees, after ample time for investigation, and the sentiments of which have been repeatedly sanctioned by the highest authority known to our profession, viz: the American Medical Association. They not only fully justify the assumption on which we have acted, but they show, clear as the noon-day sun, the necessity for a system of medical college instruction more comprehensive and systematic than that which has hitherto prevailed in our country. Hence, instead of seeking to excuse ourselves for having embraced the opportunity presented by the enlightened board of trustees of this University, to establish a medical school on a broader basis, with a more extended and systematic plan of instruction, we are free to acknowledge that any other course on our part would have proved us recreant alike to the interests of the profession and the great cause of humanity.

The extracts which we have made from the records of the National Medical Association, not only show the defectiveness of the prevalent system of medical college instruction, but they indicate in general terms the appropriate remedies or improvements that are desired. They are, first, an increase in the

number of professorships corresponding with the increased number and extent of the branches included in the great field of medical science and art, at the present time. Second, an increase in the length of the lecture term sufficient to allow fewer lectures a day and the students more time for reflection and hospital attendance. Third, such a division of the branches as will enable the student to attend, during the first course of lectures, to those only which are more elementary in their nature; and in his second course, those denominated practical; thereby enabling him to concentrate the mind upon a smaller number of subjects at one time, and investigate them in such order of succession as will facilitate both the acquisition of knowledge and the attainment of a high degree of mental discipline. Fourth, the establishment of systematic hospital clinical instruction in connection with the courses on practical medicine and surgery. Fifth, the more frequent and thorough examination of students during their attendance on lectures, as well as at the close of the period of their pupilage. In devising a plan of instruction for this department of the University, we have not been unmindful of these deliberately expressed sentiments of the profession. On the contrary, we have studiously endeavored to execute such a plan of organization as would insure their complete practical accomplishment. To make the peculiarities of this plan obvious, it is necessary to state cursorily the principal features of the ordinary medical college courses, with an explanation of the actual relations which the colleges bear to the entire education of the medical student. From the earliest organization of medical colleges in our country, their active period of instruction has been limited to a part of each year, and consists almost entirely in oral instruction by lectures, aided by such demonstrations as the several branches will permit. Until within a very few years, nearly all the colleges commenced their annual courses of instruction about the first of November, and continued sixteen weeks. In a few schools, the entire annual course of instruction embraced only thirteen weeks. Within the last three years, owing to the repeated recommendations of the profession, through the American Medical Association, several of the colleges have added two weeks to the length of the term, by

commencing the second or third week in October, instead of the first of November. The usual number of professors in each school is seven; and the number of lectures each day six, except in such as devote a part of two days in each week to clinical purposes. In only a part of the schools is hospital clinical instruction and dissections made a necessary part of the curriculum of study. It will thus be seen that the whole field of medical college instruction is annually crowded into the short space of from fifteen to eighteen weeks—that the student is required to listen to an average of six lectures per day, on as many different subjects—that these subjects are presented in no natural order of succession, but heterogeniously embracing the same day, lectures on anatomy, chemistry, materia medica, practical medicine, surgery, and obstetrics—that no division of the several courses, so as to adapt them to the period of advancement of the student is allowed; but the student who has studied medicine less than six months, and is yet scarcely familiar with the frame work of the human system, or the natural functions of its most important organs, is required to listen day by day to the same details on practical medicine, surgery, and obstetrics, as the student who has been diligently pursuing his medical studies for three years.

Such are the principal features of the prevalent system of medical college instruction in our country. To show its inadequate extent, and its violation of the plainest and most important educational principles, we need only refer to a few facts.

For instance, no enlightened physician would regard a course of medical study as sufficient, which did not include anatomy, physiology, histology, chemistry, both organic and inorganic, materia medica, general pathology, surgical and pathological anatomy, medical jurisprudence and toxicology, practical medicine, practical surgery, and midwifery, with diseases peculiar to women and children. Yet a single standard work on each of these branches would embrace not less than seventeen large octavo volumes, averaging over 600 pages each, or an aggregate of over 10,000 printed pages.

It is quite obvious that any attempt to distribute this whole

field among six or seven professors, for the purpose of bringing it under review in sixteen weeks, is a practical impossibility.

On this subject the profession of Ohio, assembled in convention at Columbus, in January, 1838, passed two resolutions as follows :

“*Resolved*, That in the opinion of this convention, the sessions of the different medical schools throughout this Union are too short, and that they ought to be extended one month, and the students required to stay to the end of the term.

“*Resolved*, That the number of professorships is too few, and that ampler provision be made for teaching physiology, pathological anatomy, pharmacy, medical jurisprudence” &c.

Dr. Daniel Drake, (than whom no higher authority can be quoted in the interior of this continent,) in commenting on these resolutions in the *Western Journal of Medical and Physical Sciences*, for March, 1838, says: “Their first resolution, however, contains suggestions in which every reflecting member of the profession must concur. That the lecture terms, in all the schools in the Union, are too short, is undeniable.” After censuring severely the practice prevailing among students of leaving the college before the term is finished, and suggesting that all students should be required to take “a ticket of valediction,” as well as of matriculation, Dr. Drake continues: “We cannot but cherish a hope, that this regulation, together with an extension of the term, will, at no distant day, be adopted by all our schools. The effect on the American profession would be instantaneous, and, in all respects, salutary.”

Again he says: “The second resolution furnishes a strong argument in support of the first, and ought, indeed, to have preceded it in the series. It looks directly to the limited range of studies prescribed and pursued in nearly every school in the Union. Indeed, we may affirm, that there is not one in which the cycle is as comprehensive as the nature of the medical profession demands.” If these resolutions of the State medical convention of Ohio, and the observations of Dr. Drake thereon were founded in truth, when made twenty years since, how much more applicable are they now, when almost every branch of medical science has been greatly enlarged, without

any material enlargement of the college courses of study.

We have intimated that the prevalent system of medical college instruction is not only too short and too limited, but that its arrangement violates the plainest and most important principles which should govern man in the acquisition of knowledge. It does this in three ways: First, by crowding upon the mind daily so great a number of diverse and intricate topics, that it is impossible to bestow any reasonable amount of reflection on each: Second, by presenting the several branches in a perfectly heterogenous manner, without any regard to their natural relations to each other; and, third, by giving the same kind and amount of instruction to all the students, without any reference to their previous attainments or degree of advancement in their professional studies.

If a good student in a literary college finds his time fully occupied in endeavoring to acquire, simultaneously, a knowledge of one branch of a natural science, one of mathematics, and two languages, what shall we think of the system which requires the young man to keep pace with six lectures per day on as many different branches of medicine, with dissections in practical anatomy, and more or less clinical instruction added? It is a fundamental principle, constantly acted on in all schools, except those devoted to medical studies, that whenever a number of studies, or branches of study, are to be pursued, such as are most elementary and best calculated to prepare the mind for the others, are taken up first, and the more abstruse and complex ones afterwards. Thus grammar precedes rhetoric, and arithmetic the higher branches of mathematics, etc. Equally so in medicine, the study of anatomy and physiology, which embrace a knowledge of the structure and functions of the human system in health, should precede the study of disease, which is a deviation from health. In like manner, chemistry and materia medica, which reveal to us the composition and properties of medicines, should go before any attempt to acquire a knowledge of the application of these agents in the treatment of disease. Yet obvious, as is this principle to the sense of every man, it is, as we have already seen, entirely ignored in the system of instruction adopted by

our medical schools. On these points, Dr. Drake, in the article to which we have already alluded, makes some observations so pertinent, that we will not withhold them. The third resolution adopted by the medical convention of Ohio, in 1838, was as follows:

“Resolved, That if practicable, our medical schools should be so organized, as that students in their first course should have their attention chiefly directed upon special anatomy, physiology, chemistry, pharmacy, and other elementary branches; and their second, upon pathological anatomy, therapeutics, the practice of physic, surgery and obstetrics.”

Commenting on this resolution, Dr. Drake says: “It is not only absurd, but actually injurious, for the student who has recently commenced the study of medicine, and is not yet acquainted with the structure and functions of the body, with chemistry, or the rudiments of botany or zoology, to engage the high and difficult inquiries of pathology and practical medicine: and, in the present organization of our schools, this is constantly done. The *beau idéal* of collegiate medical instruction would be for students, in their first course, to devote themselves to anatomy, special, general and pathological, with dissections; to physiology, corporeal and mental; to chemistry, pharmacy, and the classifications of medicines; and to so much of the history of the mineral, vegetable and animal kingdoms as is necessary to the due understanding of the two last; and in the second session to give their chief attention to therapeutics, symptomatology, aetiology, practice, surgery and obstetrics.”

Again he says: “It is greatly to be regretted that private preceptors do not confine the reading of their pupils, in the early period of their studies, to the introductory branches, and send them, as soon as they have taken a bird’s eye view, and become somewhat familiar with technical terms, to a medical school, with instructions to limit themselves to the lectures which are proper for the first session. After attending it, they should engage in a course of more practical reading, and then return to the University for graduation. It is to be feared, however, that for a long time to come, our brethren who do not reside in the immediate neighborhood of medical schools will think, or at least act differently from what is here advised;

and equally to be apprehended, that those who prescribe the policy of our institutions, will neglect the establishment of junior and senior classes. Meanwhile, we will hope, however, that the students themselves will become more and more impressed with the importance of devoting the first session chiefly to the elementary branches, and the second to the practical." Having presented clearly, and illustrated perhaps tediously, the evils and defects inherent in the organization of medical schools in this country, we will proceed to state briefly such peculiarities in the organization of the medical department of this University, as are designed to obviate these evils and defects.

They are: first, the extension of the annual college term to five months; second, the increase in the number of professorships corresponding with the number and extent of the branches actually included within the domain of modern medicine; third, the division of the term into junior and senior departments in such a way that all students attending their first course can concentrate their attention upon the more elementary branches, and advance in their second course to the more practical; fourth, the giving of fewer lectures each day, with daily examinations, and general examinations at the close of each department, thereby ensuring a much higher degree of mental discipline, and a more perfect knowledge of each branch brought under review; fifth, the elevation of clinical medicine and surgery to the rank of professorships, and the making of daily clinical instruction in the wards of a hospital a necessary part of the course in the senior department.

By these arrangements we secure to the student of medicine the means for pursuing the different branches of medical study, in a strictly methodical and natural order of succession. In the junior course, which embraces anatomy, physiology, and histology, inorganic chemistry, materia medica, and general pathology, with dissections, he concentrates his attention upon, and becomes familiar with the elementary parts of our noble science. He becomes familiar with the composition, mode of development, structural relations, and functions of the various parts of the human system in a healthy condition, together

with its relations to inorganic matter, and the composition and properties of remedial agents.

He thus lays deep, broad, and well defined, the foundation of his professional education before he attempts to mingle with it the superstructure. Having done this, he advances with ease and readiness to his senior course, embracing a review of his anatomy in its relations to operative surgery: of chemistry in its application to organic matter and toxicology; and of practical medicine, surgery, obstetrics, and medical jurisprudence.

Another advantage of paramount importance to the medical man necessarily results from this plan. By taking up the branches in their natural order of succession—by concentrating the attention on a smaller number of lectures each day, thereby allowing time to reflect upon and mentally digest what is heard—and by giving each teacher fifteen minutes additional time daily, to examine the class on the lecture of the preceding day, the student almost necessarily acquires a clearness of thought and expression, a quickness of perception, and a general mental discipline of the highest value in the practice of the healing art. Without method there can be no true mental discipline. And without a good degree of mental discipline the accumulation of facts only convert the mind into a storehouse of heterogeneous materials, without the ability to perceive the relations they bear to each other, or the applications of which they are capable in the investigation and treatment of disease.

Finally, this plan makes the entire course of college instruction embrace a much more complete and comprehensive review of the field of medical science and practice as it now exists.

It is well known that in the ordinary arrangements of the schools with six or seven professors, the important departments of surgical anatomy, histology, organic chemistry, general pathology, and medical jurisprudence, are each appended to other branches or entirely omitted from the curriculum. And it is equally well known that in a large majority of the schools the branches to which they are appended receive the entire attention of the teacher, or if they are reached at all, it is only in time to furnish the matter for four or five lectures at the end of the term, after half of the class have returned to

their homes. Some of the students whom I now address, have attended full courses of lectures in other schools, with the ordinary number of professors, and I would inquire of them how many lectures they even listened to on the important topics of organic chemistry, toxicology, histology, and medical jurisprudence? The omission of these is not the fault of the teachers, but of the system under which they act. If to one professor is assigned both physiology and general pathology, and only four lectures per week for sixteen weeks, it is not possible for him to give more than an adequate view of the first, if he includes with it, as he should, histology, and more or less examinations with the microscope. One of the most popular text books on human physiology, now in use, contains over 1,000 large sized and closely printed octavo pages.

Again, if medical jurisprudence is appended to the chair of *materia medica*, as is often the case, the lecturer must possess a very unusual power of condensation, or he will find himself at the end of the sixteen weeks before he has completed his course on the latter alone. Hence we make no new or exaggerated statement when we say that the ordinary plan of medical college instruction, embracing seven professorships, and sixteen or seventeen weeks of lecturing, absolutely necessitates one of two important evils, viz: either the entire omission of several important branches of medical science, or a very hasty and inadequate presentation of the whole. But by our plan of nearly doubling the number of professorships, and dividing the annual term of five months into two distinct departments, we are enabled to embrace all the branches of medical science proper, to present each with a degree of fullness proportionate to its importance, and thereby lead the student who attends his courses with us over a much more comprehensive field of study. This is more clearly demonstrated by the following figures, viz: The student attending an ordinary college course of sixteen weeks, with six lectures per day, except Saturday afternoons, would listen to an aggregate of 520 lectures. If he attends a second course in the same school, he simply listens to a repetition of the first. Hence the 520 lectures actually embraces the entire field of study brought under review in the

ordinary prevalent system of medical college instruction.

The student, however, who attends his first course in the junior department of this University, receives, besides dissections and demonstrations with the microscope, four lectures per day for full twenty weeks, (omitting the afternoon of Saturday,) making an aggregate of 446 lectures on five fundamental and important branches of medical science. In his second course in the senior department of this institution he would receive four lectures per day in the college and one in the hospital, for twenty weeks, making an aggregate of 600 lectures, none of which will be a repetition of those listened to in his junior course. Hence, in attending two courses in the medical department of this University, he is conducted over a field actually embracing an aggregate of 1,046 lectures, being thus just double the extent of that passed over in the ordinary plan.

A fair comparison of the two systems of medical college instruction then stands thus: By the ordinary plan, the student attending his first course, is crowded with six lectures per day, on as many different topics, for sixteen weeks. In the second course he endures a repetition of the same process over precisely the same field.

By the plan adopted in the medical department of this University, the student in the junior department receive four lectures per day for twenty weeks, thus giving him time to reflect upon and digest what he hears, and also pursue practical anatomy by dissection and microscopic examinations without haste and confusion.

In his second course, in the senior department; he advances to another series of branches, and receives five lectures per day for twenty weeks including clinical medicine and surgery. Can any intelligent physician or student hesitate in deciding which system or plan of instruction is most comprehensive, most systematic, and most in accordance with the plainest principles of education?

We are aware that two medical journalists have recently published the statement that "if the student is to depend on the schools for his education, a single course of lectures on any branch of science is not sufficient," but the same should be

repeated once or more. We freely admit the abstract truth of the proposition; and yet it constitutes no objection to the plan of instruction adopted in this institution—simply because in no part of America does the medical student depend wholly on the schools for his education. On the contrary, the period of medical study universally claimed for the student is three years, or thirty-six calendar months; while the aggregate amount of attendance required in the schools is only eight months, or less than one-fourth of the whole.

What, then, is the true relation borne by the schools to the education of the profession in this country? Most obviously it is this: The student is to lay the foundation of his education by a careful reading of approved authors under the direction of a private preceptor, while he resorts to the schools for the purpose of hearing the several branches reviewed, accompanied by such illustrations and demonstrations as can be given by the living teacher only. Admitting this to be the actual relation of the schools to the education of the student, is there an intelligent physician who will hazard his reputation for sagacity by claiming that the schools should be so organized as to compel the student who, during the first part of his period of study, has hardly had time to read the ordinary text books on chemistry, anatomy, materia medica and physiology, to listen to a review, not only of these branches, but in addition, also, to practical medicine, surgery, obstetrics, etc., and all in the short space of four months, for the sake of having the same confused repetition at the end of the last half of his period of pupilage? With as much propriety might we require a class of boys in a grammar school, who had studied only grammar, geography and arithmetic during the year, to review at its close, rhetoric, astronomy and algebra.

But we have already wearied your patience on this subject. We have presented before you abundant testimony, from sources that can neither be gainsayed nor refuted, to prove the prevalent system of Medical College instruction extremely defective, and inadequate to the wants of the profession. We have shown from the same authoritative sources that the principles embraced in the organization of the Medical Depart-

ment of this University are neither the developments of to-day, nor the invention of some over zealous partisan reformer. But on the contrary, that every principle embraced in the organization has been fully evolved and urged upon the attention of the medical public by the master minds of the profession for more than a quarter of a century. They have been, singly and collectively endorsed, not merely by State and local medical societies, but by the highest tribunal known to the profession in this country. Feeling, therefore, the fullest confidence in the correctness, both of the principles and the details involved in the organization of this institution, my colleagues and myself enter upon the task of giving it a practical establishment with no trembling hand or faltering step. On the contrary, eschewing all partisan strife and mere groveling rivalry with existing institutions, and fully conscious of the purity of our motives, and the high and noble purposes to which we have dedicated our labor, we boldly unfurl our banner to the breeze, not doubting but the time will come when the wise and good will rally under its folds from every grove and prairie in these great and fertile States of the North-west.

Another inquiry of no less interest to the profession, and especially to you, gentlemen, who have assembled here to receive instruction, is: What means do we possess for carrying into successful operation the plan of organization which we have just passed in review?

We are happy to be able to respond that they are ample in every department. Rooms have been provided in this magnificent block of buildings, furnished with all the comforts and conveniences usually found in the best colleges. They consist of two convenient, comfortable and well lighted lecture rooms, a laboratory, museum, room for practical anatomy, a library, and faculty room. The laboratory is furnished with an entirely new apparatus, selected with especial reference to illustrating a full course of instruction in each department of chemistry.

The museum is already furnished with a better cabinet of preparations and drawings, anatomical, pathological, microscopic and obstetrical, than is to be found in any other medical institution in the Northwest. And on the arrival of our col-

league, the professor of anatomy, a few days hence, it will receive a large and most valuable addition, directly from the great emporium of medical science on the continent of Europe. A library has also been provided, consisting of between four and five hundred volumes, which will be accessible to the class under proper regulations.

In the all important departments of practical medicine and surgery, the means of illustration are even more complete. The Mercy hospital, located near at hand, being scarcely ten minutes walk from the College, has constituted a genuine clinical school for the last eight years. It contains about sixty beds for the sick, and always has in its wards a sufficient number of patients of both sexes, to illustrate fully, all the more important and severe forms of disease, both medical and surgical.

In addition, the Orphan asylum, immediately adjoining the hospital, furnishes the clinical class frequent opportunities for observing the diseases of children, an advantage of great value to the student, and rarely enjoyed in connection with public institutions. The hospital is open for clinical instruction to all regular students who have arrived at the proper period of advancement in their studies, from eight to nine o'clock every morning, except Sunday. We say open to all students of legitimate medicine, without reference to what college they may be attending; for though its wards are fully under the control of the professors of practical medicine and surgery in this institution, we should deem it alike illiberal and unprofessional to restrict its advantages to our own students.

On the contrary, the clinical advantages of every public hospital belong to the educational interests of the profession at large. And the physician or surgeon who would restrict them entirely to his own private interests, or to the interests of the particular school with which he might be connected, is an enemy to the profession and the cause of humanity. The clinical instruction in the hospital is of the most practical and particular character. The student is enabled to come in direct contact with the patients, and not only to note all the ordinary symptoms, but to daily train his own ear and touch by the direct

practice of auscultation, percussion, palpation, etc. Two surgical clinics are given each week, namely, on Monday and Saturday mornings, while the four intermediate mornings are devoted to clinical instruction in the medical wards.

In addition to the hospital, we have the Chicago City Dispensary, now occupying one of the rooms in this building, to which a considerable number of patients resort daily.

From these we shall select the cases of interest for a regular surgical clinique in this room, on Wednesday of each week, by the professor of surgery; and a medical clinique every Saturday by the professor of practical medicine. These clinics in the college will be given from two to three o'clock, on the afternoons of Wednesdays and Saturdays, throughout the term, and will be free for both the attendance of the junior and the senior classes, and also any member of the profession who may choose to honor us with their visits.

Such, gentlemen, are the means at our command for carrying on the several courses of instruction provided for in the organization of this institution. On the ability of the several members of the faculty to use these means skillfully, and discharge the duties devolved upon them satisfactorily, it does not become me to speak. Of the ten active members of the faculty, eight are, and have been for several years, residents of this city; and are all well known to you, as well as to the whole profession of the northwest. Concerning the two non-residents, it may be proper to say a few words. The professor of pathology and public hygiene, a resident of Galesburg, in this State, is a gentleman of high scientific attainments, and a physician of experience, and well qualified to do honor to the chair he occupies.

The professor of Anatomy, Dr. Titus Deville, has been a resident of Paris, in France, during the last five or six years, where he has attained the reputation of being one of the best teachers of Anatomy in that great medical metropolis. He comes to our city for permanent residence, and brings with him a full supply of everything which can contribute to make the important department of Anatomy fully understood. We

predict for him a success in that department which has rarely been equalled.

With an organization so methodical and comprehensive as we have detailed—with the means of carrying it into effect so ample—without a single dollar of indebtedness to embarrass its operations—and with a faculty wholly independent of any income to be derived from the institution for their own support, we may safely assume that the success and permanence of the Medical Department of Lind University is secure. We are happy to announce that there are already students enough before me, whose names have been given in for attendance during the whole term, to constitute a respectable class in each department.

Young gentlemen, we not only welcome you cordially to the halls of this institution, which we here this evening dedicate to the noble purpose of defusing a knowledge of the most interesting sciences, and the most beneficent profession that exists among men, but we congratulate you on the peculiar advantages of your position.

For if the classes in each department should remain small, compared with those attending some of the older schools, instead of operating as a discouragement, it would be, to you, a very great advantage by enabling each of you to receive that minute and thorough personal instruction in every branch of medicine which would be impossible in a class numbering from one to five hundred. Again, in after years, when the institution has attained the position to which it is surely destined, and is every where acknowledged as the pioneer in the great work of extending and elevating the most important educational interests of our profession, you will feel a just pride in the remembrance that you constituted its first class, and by your presence aided us to usher it into existence. In choosing the profession of medicine as your calling, you have individually assumed a high responsibility. Your future lives must be a continuous conflict with disease, and the grim monster, death. The fond father will often extend to you his feverish hand, imploring to be restored to health and the care of his children. The affectionate mother, while clasping her suffering infant in her arms, will anxiously listen for your footsteps in the hope of having

it snatched by your skill from an early grave. Thus, day by day, you are to deal with the most confidential, the most important, and the most sacred interests of man. Let me entreat each one of you, then, in the prosecution of your professional career, not only to cultivate the highest degree of familiarity with every branch of medical science and art, but also a mental discipline, which will enable you to use the facts and materials with which you become familiar, with the highest degree of promptitude and skill, and a moral integrity that no temptations can swerve. If you do these things faithfully, when you go out from these halls, your lives and acts will constitute the most efficient support for your Alma Mater, and the world will be better and happier for your living in it.

ORIGINAL COMMUNICATIONS.

NOTES OF SURGICAL CASES.

BY E. ANDREWS, M. D.,

Prof. of Surgery in the Medical Department of Lind University, Chicago.

Case 1. *Fibrous Tumor of the Omentum.* Mrs. X, from —, applied to me for advice and assistance on account of a large abdominal tumor, of many months standing. It had commenced in one of the iliac regions, and gradually increased to the size of a child's head. The patient at this time was greatly exhausted and suffering from ascites, owing to the irritated state of the peritoneum.

On examination the tumor was found to be exceedingly hard, like a fibrous growth, and nodulated on the surface. It was perfectly moveable, so that it could be rolled to any part of the abdominal cavity, and was entirely free from pain and tenderness. No softness or fluctuation could be detected in any part of it.

On examination, *per vaginam*, I found to my surprise that

the tumor had no connection with the uterus; its motions in rolling about having scarcely any effect on the position of that organ.

Having ascertained that the tumor was not uterine, as I at first had supposed, I felt at a loss to determine its true character, for it was decidedly too hard for an ovarian cyst. As the patient obviously could not very long survive the continued dropsy induced by the presence and rapid growth of the abnormal body, it became an important question as to whether its removal should be attempted. I made an appointment for a consultation with some medical gentlemen of the city; but before the hour arrived, the patient's friends suddenly changed their minds and took the cars with her for New York City. On their arrival there, they consulted a gentleman justly eminent in the profession, and holding a prominent chair in one of the Medical Colleges. Whether the parts underwent some change which confused the diagnosis, or whether the patient did not afford the practitioner opportunity for a complete examination, I am not informed, but the result was an error in diagnosis, certainly a very excusable one however under the circumstances. The decision was that the tumor was uterine, and that an attempt at extirpation was hopeless. The patient returned home, and died in about four weeks of chronic peritonitis, manifested by dropsical effusion rather than by the adhesive process.

A post mortem examination was made, which unravelled the mystery. A large fibrous tumor of the omentum was revealed. The uterus was found of the normal size and appearance, and the ovaries healthy. The tumor weighed three pounds and thirteen ounces. The right lung was compressed or atrophied to the size of a closed fist, and the pleural sac filled with a limpid serum. The tumor had some few adhesions by bands to the viscera, but very little vascular supply, and apparently might have been extirpated without difficulty.

Four cases of Tetanus. Two recoveries. John B., a negro, received a cut which severed the bone of the thumb, but did not completely divide the soft tissues. Being replaced in position it united well by first intention. On the sixth day he applied

for help for stiff jaws, as he called it. On examination he was found to have tetanus. He was ordered ten grains of quinine and half a grain of morphine at one dose, every three hours. For some hours he grew worse, but the enormous doses were continued throughout the night, and the next day he was found greatly improved. Notwithstanding the quantity of quinine taken there was no ringing of the ears, nor did the morphine produce any narcotism. On the second day the intervals between the doses were increased to five hours. The skin which at first had been parched and hot became moist, with a copious warm perspiration, and the articulation regularly improved. The treatment was continued for five days with diminished doses, and the patient was discharged cured. The case was treated by Prof. Johnson, of this city.

Another case, resulting from some injury of the foot, was treated by Prof. W. B. Herrick. All the details of the case, both in symptoms and treatment, corresponded to the previous one, and the cure was equally rapid.

Case third, was that of a man aged forty, who had thrust a nail into his foot. Tetanus supervened, with all the usual symptoms. He was treated by the writer on the narcotic and relaxant plan, the articles used being chiefly cannabis indica and tobacco. Only temporary advantage resulted from this course, and the patient speedily expired from asphyxia, produced by his fearful spasms.

Case four was similar in its origin and course to the third. The patient was treated by Dr. Wardner of this city, by full inhalation of chloroform. This very materially alleviated the suffering, but did not apparently prolong the life. The patient expired of exhaustion at a date as early as he would have done had he been without any treatment.

Tetanus in this region is exceedingly rare, and consequently it becomes practitioners here to discuss it with modesty. The result of the cases treated with narcotics is however in accordance with the general experience of the profession. It is sufficiently settled, that narcotics and antispasmodics are not adequate to the emergency.

It is probable that the spasms derive their uncontrollable

violence from the presence of some animal poison, which like that of erysipelas, is generally within the system, and acts directly on the motor nerves, or nerve centres. The attention of the profession should be turned, not to seeking more potent antispasmodics, to resist the effect, but to those remedies known to have the power of destroying animal poisons, with the hope that among them may be found one or more sufficiently prompt and energetic to antidote the cause of all the evil. The sulphate of quinia seems to have been successful in the only two cases in which it was used. Bromine, iodine, the iodides, the chlorates, and perchloride of iron, all have a remarkable power over erysipelas and some other forms of poisonous disease. May they not be efficient in this if given in overwhelming doses?

CASE OF PUERPERAL CONVULSIONS.

REPORTED BY WM. H. BYFORD, M. D.

Prof. of Obstetrics, etc., in Medical Department of Lind University.

Mrs. R., a delicate, but healthy woman, of nervous sanguine temperament, aged 27 years, was confined August 5th, 1859, about 9 o'clock, of a female child, which she thought was two weeks too soon. Although she enjoyed what she considered excellent health during this her second pregnancy, for the last two or three weeks her feet and legs were edematous; she had some edema of the face and perhaps elsewhere, and was annoyed by frequent small discharges of urine, more I should judge than usual. Her labor, according to the report of her very intelligent physician, Dr. Parker, was in no wise extraordinary, and up to 7 o'clock, A. M., on the sixth, she seemed to be doing remarkably well. About this time she suddenly complained of a distressing pain in one temple and eye, and total blindness. These symptoms in a few moments were followed by a paroxysm of convulsions. Dr. Parker soon arrived, and prescribed a teaspoonful of Hoffman's Anodyne, and twenty drops of tincture of hyosciamus every two hours. The convulsions

recurred at 12 o'clock, M., with increased force. In consultation by Drs. Davis and Parker, prescribed teaspoonful of Fl. ext. scutellaria, twenty drops tincture hyosciamus, and five grains of iodide of potassium every two hours. At 5 o'clock P. M., convulsions again returned, when, as further council was desired, I was called.

In this consultation it was agreed that the patient should have the surface thoroughly and frequently sponged with tepid vinegar, and at the approach of a paroxysm to have chloroform by inhalation, until the symptoms should be subdued, and continue the mixture. It was also agreed that Dr. P. should remain with her until 10 o'clock, when I was to relieve him for the night. At quarter past 10, and just after Dr. P. had left me alone with the patient, a fearful paroxysm returned, and again at half-past ten o'clock. I tried the chloroform, but its inhalation was resisted with such wild violence that I thought it best to desist, so that each of these two paroxysms proceeded uninterruptedly, and I was assured that although the effort had been made to administer it under other circumstances, it disagreed with her so much that its effects could never be completely induced. I now added one-eighth of a grain of sul. morphia to each portion of the mixture. The administration of the medicine now, as it had been before, was very imperfect on account of the energetic exertion with which she resisted it, so that it is doubtful whether the full effect was at any time produced. At quarter-past 3 o'clock, A. M., the convulsions returned, and the paroxysm was repeated in fifteen minutes afterwards.

It seemed to me that as yet the symptoms had not been in the least degree influenced by the remedies, and I determined to try the effect of morphia in pretty full doses. I accordingly gave her a quarter of a grain, dissolved in a small quantity of water in a spoon, every two hours, and by holding her nose and literally drenching her, had the satisfaction to see the whole of it swallowed. This treatment, with the vinegar sponging, was continued until 6, P. M., when there being no return of the convulsions, it was deemed advisable to completely withdraw the anodyne, and give in its place a teaspoonful of

sweet spirits of nitre every two hours. At 9 o'clock A. M., of the 8th, consciousness had partially returned, and the bowels had moved spontaneously three times. Everything so far as we could judge was favorable to speedy recovery. Between 12 and 1 o'clock P. M., a paroxysm of irritative fever occurred, in which the pulse rose to about 120 in a minute, and there was considerable heat of skin. The fever subsided about 3 o'clock, A. M., on the 9th, with profuse perspiration.

During the paroxysm she took a pill containing two grains of calomel and one grain of opium every two hours. Fever returned at 3 o'clock in the evening. At 12 o'clock, Noct. Med., she began taking a pill of two and a half grains of sul. quinine every two hours. She took during the night and forepart of the day of the 10th, eighteen grains of quinine, which had the effect to prevent the recurrence of the fever. The patient pretty rapidly recovered from this time forward.

I regard this case as one clearly of uræmic eclampsia, and do not believe that there was anything of the apoplectic congestion, which used to be considered the invariable condition of the nervous centres in puerperal convulsions. One thing I could not fail to see, viz: the increased restlessness before the paroxysms, and at the same time hear tumultuous borborygma intestinalis. From these circumstances, with direction of the hands to the abdomen, I believed the restlessness arose from pain in that region, which in the highly excitable state of the nervous centres, produced by the toxæmia, gave rise to the paroxysm. To express it otherwise, the intestinal irritation acted as an excentric excito-motor upon the nervous centres, through the reflex system of Sir Marshall Hall, while the irritability of the whole nervous mass being greatly exaggerated by the uræmia, convulsions were thus easily induced.

We sought in the sul. of morphia, through its anodyne influence, an extinguisher of the exciting cause and a palliative for the nervous irritability of the nervous system, arising from the toxæmia; and I think, as will be apparent in the above narrative of the case, not in vain. For several hours after beginning the treatment, we anxiously watched the respiration and pulse for any circumstance that might arise indicating

narcotism or congestion of the brain. No symptoms however were perceptible that gave us any uneasiness in these respects. The respiration did not become suspiratory nor intermittent, nor the pulse slower and fuller. On the contrary, the respiratory function was performed regularly and calmly, and the pulse being irritable and wiry, became slower, softer, and more healthy.

Viewing these fearful attacks of puerperal females by the improved and increased light of science, emanating from the horde of enlightened modern pathologists and chemico-pathologists now in the field, I cannot but think we will find in our anodynes, as well as our anæsthetics, more important auxiliaries in their treatment than has hitherto been supposed.

Before closing my remarks on the above case, I cannot forbear to say, that while there are many cases that will bear and require depletion even to a considerable extent, opiates are not to be dreaded as much even in these cases as we have been taught by many able authors of past and present times.

I beg the profession to observe that here is one case in which the anodyne was the only efficient treatment used to overcome the convulsions, and it resulted successfully. It may be said, and perhaps not without justice, that the patient simply recovered without being cured; but I am persuaded, from the effects of the morphia in this case, to remember it in future as one of the remedies in puerperal convulsions.

There is one feature in eclampsia that seems to me to prove the reflex element is often quite active, and that is the periodical regularity of the return of the paroxysms. The measured intervals in very many cases enable us to predict within a few moments the time of their recurrence. It is in these cases we may most certainly benefit by the interrupting influence of the anodynes and anæsthetics. We should anticipate them by pre-occupying the nervous system with an opposing condition.

ANOTHER CASE.

BY THE SENIOR EDITOR.

In connection with the preceding, we give the following case as not devoid of interest :

Mrs. K., aged about 20 years, short in stature, full muscular development, and sanguine temperament; had passed through the full period of her first pregnancy in good health as her friends supposed, until the morning of the 7th of November, 1859. On that morning, it was observed that her face and neck were bloated more than usual; she had had frequent desire to urinate during the preceding night; and some pain in the occipital region for several days. Between 12 and 1 o'clock of that day, she was suddenly seized with violent convulsions. I was hastily summoned to her bed-side, and found her just recovering from the state of insensibility which had followed the first paroxysm of convulsions. On inquiry, we learned that she had been troubled with disuria, and more or less edematous swelling of the face, neck, and extremities, for two or three weeks. She had no appearance of uterine pains, or vaginal discharge. The mouth of the uterus would scarcely admit the end of the finger, and the os was not soft or yielding to pressure. The temperature of the surface being increased, the head giddy and somewhat painful, and the pulse full and firm, I thought it necessary to abstract blood. While waiting for a bandage and bowl, another convulsion occurred very suddenly, and violently agitated the whole muscular system, until the face became very purple, and the pulse small and frequent. As soon as the muscular agitation had abated sufficiently, I opened a vein in the arm, and allowed the blood to flow until more than thirty ounces had been abstracted. The pulse becoming soft, the face pale, and the breathing more natural, the arm was tied up, and a powder, of calomel 10 grs. with 10 grs. of nitrate of potassa, was immediately administered.

The patient had vomited freely after the first paroxysm, and the vomiting recurred slightly soon after swallowing the powder. In half an hour after the bleeding, the patient recovered her consciousness, said her head felt better, and the respiration

and circulation became so much improved that we began to hope no more paroxysms would recur.

In less than an hour, however, another paroxysm of convulsion came on so suddenly that, though we were watching for that purpose, we were unable to anticipate it sufficiently to bring the patient under the influence of chloroform; and it proved quite as severe as either of the preceding ones. Feeling now confident that the paroxysms would recur until the patient was delivered, and the os uteri having become more soft and yielding, at my request Prof. Byford was called to advise in reference to the propriety of rupturing the membranes, with a view of inducing efficient pains and hastening delivery. Soon after his arrival, a fourth paroxysm occurred, during which the bandage was displaced from the arm, and another pint of blood was lost. She now remained unconscious, the pulse 120 per minute and small, the breathing noisy, and the deglutition difficult. Prof. Byford ruptured the membranes, and a considerable quantity of liquor amnii escaped, followed by regular, but not forcible, uterine contractions. At his suggestion, one drop of croton oil was administered every hour to induce speedy and free alvine evacuations, and the patient closely watched, in order to prevent the further convulsions by the inhalation of chloroform. Notwithstanding these precautions, however, the convulsive paroxysms continued to recur as often as every hour and a half; and as the os uteri became entirely relaxed, while the uterine contractions were inefficient, we gave a drachm of the fluid extract of ergot every half hour. Enemas were also used to hasten a movement of the bowels. Still, the labor advanced so slowly, that at ten o'clock in the evening, the head had but just fairly engaged in the superior straight of the pelvis, and the os frontis was found to be towards the pubes. In the meantime the pulse had increased to 150 per minute, was small and soft; the breathing somewhat stertorous, and the patient wholly unconscious. With the sanction of Prof. Byford, we now determined to complete delivery without further delay; and though the head was still high in the pelvis, we succeeded in adjusting Davis's long forceps to the head of the child, and at

half-past 10 o'clock, P. M., she was delivered of a full sized male child, but entirely lifeless; there being no pulsation either in the cord or the heart. The placenta was soon after expelled; the uterus contracted down firmly, and the hemorrhage was very slight. The patient being now very restless and feeble, we gave one quarter of a grain of sulphate of morphine, with the intention of repeating it every two hours. During the two succeeding hours she became gradually more quiet, the breathing more natural, the pulse a little less frequent, and we began to flatter ourselves that the danger was past, when suddenly another paroxysm of convulsions ensued, more violent, if possible, than those that had preceded delivery. They now continued to recur at short intervals until 4½ o'clock, A. M., in spite of the most assiduous use of chloroform, aided by anodyne enemata and sponging of the whole surface of the body with warm vinegar.

At half-past four o'clock in the morning of the 8th of Nov., the spasmodic action ceased, but the patient was left in a state of extreme exhaustion. The pulse was too small and frequent to be counted; the skin cool and covered with a clammy sweat; her countenance bloated and livid; and her breathing very stertorous and noisy from the abundance of mucous in the trachea and bronchial tubes, considerable quantities of which were forced out in a frothy condition, both from the mouth and nostrils. Deglutition was entirely suspended, and for half an hour the lower jaw was dropped and involuntarily thrust forward with each prolonged expiration like one dying. From this condition she recovered very gradually, being only able to swallow with difficulty at 6 o'clock, A. M. Apprehending serous effusion into the cavities of the brain, and infiltration of the lungs, from the severity and duration of the preceding spasms, we directed the following:

R	Fluid Extract of Scutellaria,	℥j.
	Iodide of Potassa,	℥jij.

Take twenty drops every hour. Bottles of hot water were applied to the extremities, and as there had been no movement of the bowels, two more drops of croton oil were given during the morning. Her respiration and circulation improved

very slowly during all the forenoon. Still she remained wholly unconscious, respiration noisy, and deglutition difficult, until 3 o'clock, P. M., when the pulse again became extremely rapid and feeble, with symptoms of immediate fatal prostration. Having some whiskey in the house, we hastily mixed equal parts of milk, water and whiskey with some sugar, and succeeded in getting the patient to swallow three teaspoonfuls of it every fifteen minutes.

Soon after the third day she began to improve. The respiration was less noisy, and the pulse slower. Prof. Byford was again called in, and on his suggestion, gin in place of whisky was substituted, and the punch in doses of two dessert spoonfuls, was continued every half hour, and sponging of the surface with warm vinegar was repeated. No urine having passed since the patient was sick, we introduced the catheter about 11 o'clock, A. M., and drew off a pint of pretty clear urine.

The gin punch and sponging with vinegar was continued until the morning of the 9th, when the respiration and deglutition had become quite easy, and the pulse was reduced to 120 per minute. The bowels moved for the first time during the night, though she had taken six or seven drops of croton oil nearly twenty-four hours previously. Still the patient remained entirely unconscious. I again introduced the catheter, and removed nearly a quart of high colored urine. The punch was continued through the day once an hour, and one or two table spoonful of chicken broth, between each of the doses. During the day the bowels moved so freely that two or three moderate doses of morphine were given to quiet them. In the evening, she for the first time since the afternoon of the 7th, opened her eyes and looked around with a wild or bewildered expression of countenance. During the night she voided the urine twice, and rested quietly much of the time. On the 10th, three full days from the attack, she for the first time became sufficiently conscious to recognize her friends. The pulse having regained a fair degree of strength, and the urinary secretion being free, the stimulant was gradually withdrawn, and the amount of simple nourishment increased. The lochial discharge was scanty but natural, and from this time the patient rapidly recovered.

A CASE OF TRAUMATIC ABSCESS OF THE LIVER, WITH
THORACICO-ABDOMINAL FISTULA.

BY H. WARDNER, M. D.,

Demonstrator of Anatomy in Lind University, Chicago.

On the 13th of October, 1857, I was called at 2 o'clock, A. M. to see a man who had been wounded by a pistol containing two balls, about five hours previous. Found that one ball had entered over the ninth rib, just escaping its angle, and glancing from the bone could be traced about four or five inches under the integument, in the direction of the right nipple. The other ball had entered the body between the ninth and tenth ribs, about three inches from their angles. The hole made by this ball could not be traced more than an inch or so, and appeared to pass into the trunk. On the third day, I removed one ball, which I judged to be the first one mentioned, from the lower edge of the seventh rib, at the junction with its cartilage. The other has never been found.

When first visited, the patient was in much pain, with short and hurried respiration: but he apparently improved up to the time of removing the ball, at which time a cough was observed to trouble him, and the day following was accompanied by an expectoration of thick yellowish matter, occasionally streaked with blood. The treatment up to this time had been anodyne and antiphlogistic. The wounds kept open by a tent.

On the fifth day, a chill occurred, and returned for three successive days. Gave quinine in full doses.

Oct. 21st, eighth day. He had two chills, and for three days following the chills irregular and frequent, attended with watchfulness and restlessness. I concluded that these chills were in consequence of the formation of *pus* in the system, and consequently the patient was put upon tonics, with ale and wine and a generally nourishing diet, with expectorants and anodynes as circumstances required.

On the thirteenth day I learned that the patient had been very restless during the preceding night, and vomited considerable. The attendant stated, that during the vomiting wind passed from the lower or second ball hole, with nearly

sufficient force to blow out a candle. There was some feverish excitement at the time I saw him.

On the fourteenth day I found a free discharge of pus from the lower hole. On the day following the discharge had much increased. There was much restlessness. Gave anodynes and arterial sedatives. On the sixteenth day, bile was discharging with the pus.

On the seventeenth day, the patient was dull and feverish, the discharge had assumed a muco-bilious appearance, about the consistence of the white of the egg; there was occasionally streaks of mucous or albuminous discharge not stained with bile. The symptoms at this time were more unfavorable, bowels badly constipated, urine scanty and high colored, cough quite severe, with copious mucous expectoration; skin dry and feverish; intellect dull and occasionally wandering. These symptoms, however, all passed off after the action of suitable medicines. The discharge of bile continued for two weeks, gradually diminishing, and there was a watery serous discharge for ten days longer. The hole was then filled with "*provident flesh*," which, every day or two, would protrude an inch or more. This was removed by the knife as often as every two days, and the orifice cauterized with nitrate of silver.

Dec. 4th. "The wound has healed, and the patient is able to be up and walk about. The feet and legs were swollen at times, and the face has a bloated appearance. There is some cough, and a little expectoration of mucous." He was directed to use ale daily, also the calybeates, and iod. potassa, and to exercise as much as his strength would permit.

I saw the patient on the 16th of February, following. The dropsical symptoms had gradually disappeared: the face, however, was a little fuller than natural; eye dull and languid; said his appetite was good and bowels regular, but that he was easily wearied by any exertion.

This man has been able to work for a year and a half, and when last seen was in good health, and in the act of leaving the city, "*a la Francais*," without paying his doctor.

In considering this case, it is evident that the ball must have penetrated the right pleural cavity, passed through lung,

and also through the diaphragm into the liver; thus opening communication between the thoracic and abdominal cavities. The time from the injury to the formation of the abscess was sufficient for adhesive inflammation to unite the opposing peritoneal and pleural surfaces, and a channel for the exit of pus through the wound was thus formed, so that there was no escape of it into either cavity. To this circumstance the man undoubtedly owes his life.

A wounded portion of the lung must have opened into the channel, giving passage to the air that was expelled during the emesis.

The biliary ducts must have been injured to a considerable extent. The subsequent dropsical symptoms led us to infer that the circulation of the blood through the organ was partly destroyed, either by the wound, or cicatrization, or both; and the final disappearance of these symptoms must have been owing to the re-establishment of the circulation sufficiently to allow the organ to carry on its functions in nearly a normal condition.

The man was troubled with a cough for nearly a year, particularly when exercising; this I attributed to the fact that as the liver, lower portion of the right lung, and diaphragm, were firmly attached to the thoracic walls by the cicatrized adhesions, motion of the body must necessarily produce irritation of those organs, until they become accustomed to their new attachments. The case I consider unique, and of interest in showing the *vis medicatrix naturee*.

ABSTRACT OF PROCEEDINGS OF THE CHICAGO MEDICAL SOCIETY.

The Society met, pursuant to notice, in the College Hall, Dr. Waite in the chair. Present: Drs. Hollister, Isham, Wickersham, Smith, Jones, Barrows, Allport, Peake, Graham, Andrews, Steele, and Prof. Deville, with a number of the Medical Students of Lind University.

Dr. Davis being absent, Dr. Steele was appointed secretary

pro tem. The minutes of the last meeting were next read and approved.

Prof. Deville, having been proposed, was duly elected a fellow.

Dr. Steele, the essayist of the evening, read a paper on the pathological effects resulting from the ingestion of alcohol, demonstrating how the usual functions of the nervous system were increased or perverted without a corresponding excitation of the vital properties; and that these vital properties being lowered down, how the tone and strength of the system was impaired—the processes of the metamorphosis of the tissues, and the production of animal heat being retarded; and how, that alcohol by its peculiar affinity for the albuminous constituents, enters into combination with all the tissues, producing by its presence in the blood two distinct and separate pathological conditions, which give rise to what we are pleased to call delirium tremens. The one supervenes upon high stimulation in robust healthy constitutions, unaccustomed to regular indulgence; and either from the quantity ingested in a short space of time, or because the individual is more susceptible to its effects, we have direct irritation upon the stomach and brain producing a morbid susceptibility of the nervous system, with organic force sufficient to give “active manifestation to the symptoms.” The second we have occurring in those who have had previous attacks, and are worn out through the influences that were shown to result from the secondary effects of the predisposing cause, producing all the effects of a perverted susceptibility, without organic force sufficient to give active manifestation to the symptoms, and the vital powers yield with a futile attempt to respond to the excited impression made upon them.

Concerning the treatment, the Doctor recognizes *three* general indications to be fulfilled.

1st. The depuration of the blood of the hydro carbonaceous material floating in the system. 2d. Allaying the consequent morbid susceptibility. And, 3d. Restoring the balance of nutrition by giving support to the organic functions.

The use of ardent spirits was deprecated in full terms in the

sthenic form, as only serving to exasperate its tendency; and also in the asthenic, he considered that the general indications could be most readily fulfilled by withholding the accustomed stimulus. The other two indications could conjointly be the most successfully reached by recruiting the blood with rich pabulum, and by the exhibition of such remedies as are well-known to exert a quieting influence in overcoming the morbid susceptibility, and giving power and efficiency to the organic properties in restoring the secretions, and thereby depurating the blood and equalizing the circulation. He further considered, that opium was not the only remedy to fulfil the indication, but remarked, that the internal administration of chloroform combined with *ti. opii.* had been followed by the most desirable effects in several cases. It served to allay the morbid susceptibility by producing, as it were, anaesthesia of the sensory nerves, and exciting a paralyzing influence on the muscular fibre, and that too without depressing the "organic functions;" differing in this respect from the ordinary sedatives, but acting seemingly as a powerful anodyne and mild stimulant.

The views set forth in the essay provoked an interesting discussion, which was participated in by Drs. Deville, Hollister, Isham, Graham, Smith, Waite, Andrews, Wickersham, Fisher, Steele, and Prof. Taylor.

The sanitary reports being called for, Dr. Wickersham, of the South Division, the only one of the Committee present, asked to be excused until the next evening.

The question, "What are the characteristics of the fevers prevalent in the city the present autumn?" was read, and the discussion opened by Dr. Waite. Dr. Wickersham in the chair. The disputant remarked that he had very little or no experience in the treatment of the fevers of the present autumn, in the city.

A motion was made by Dr. Isham, and carried, to defer the further discussion of the subject until the next evening.

Dr. Isham next exhibited to the Society a mass of fibrous tumors of the uterus, which he accompanied with a verbal history of the case, and description of the specimen, the outlines of which were as follows:

“The subject from whom this was taken some months ago, was 42 years old; had had one child, now living, 22 years of age. She always menstruated regularly up to death, and did so only two weeks previous to that event. She first discovered this tumor in the left iliac region 17 years ago, since which time it has regularly increased in size, and when I saw her, it filled the pelvis, extending above the umbilicus, and could be felt as a large irregular mass, which, floating in a serous effusion, enormously distending the abdominal walls, readily yielded to pressure and gave the feeling similar ballottement. There was great œdema of the lungs, accompanied by dyspnea from the upward pressure; also serous effusion, greatly distending the limbs, from pressure below. She was unable to sleep, except in the upright position, and under the influence of anodynes.

Being urgent for relief, and satisfied that she could not live another twelve hours without, as she said, I taped the abdomen, and drew off twelve quarts of clear serous fluid, and bandaged her, leaving her comfortable; she passed a good night, greatly relieved and refreshed thereby.

She lingered for nine days longer, when she died from syncope, whilst in the act of defecation at her bed-side, without any pain or struggle, so quietly that her son, who was in the room at the time, was unaware of the fact until he went to assist her back to her bed.

In removing the tumor at the autopsy, it was noticed that there were no adhesions, and was separated from its attachments without difficulty. There was some fluid in the abdomen, with occasional patches of recent lymph upon the peritoneum. There were also effusions in the pleura and pericardium, and œdema of the lungs. The weight of the mass is $12\frac{1}{2}$ pounds, consisting of an infinite number of fibrous tumors, varying in size from a pea to that of a melon; whilst in the structure of the uterus and from its outside, quantities of these tumors are found existing as encysted or pedicellate; the internal or mucus surface of the uterus is quite healthy and normal in appearance. The largest of these tumors weighs about 6 pounds, and some of the encysted appear to be encased in a shell of calcareous matter, containing no bone, but porous like the pumice stone.

The Doctor also called the attention of the Society to the fact, that as this patient had only one child, so also on examination of the ovaries, which were natural, was to be found a well-marked corpus luteum, exhibiting all its characteristics in a marked degree. In other parts of the ovaries were to be seen graaffian vesicles in the different stages of development, one of which had apparently burst but a short time previous to the death of the patient.

This specimen is deposited in the Museum of Lind University, and was referred to a Committee, consisting of Drs. Deville, Isham, and Andrews, to report at some future meeting more freely upon its microscopic character, and the pathology of fibrous tumors.

Dr. Hollister also presented a very interesting specimen; showing almost an entire cast of the trachea, as far as the bifurcation, and extending into the small ramifications of the bronchia. It was hollow throughout, and it was evidently fibrous in its organization.

On motion, the Society requested Dr. Hollister to accompany the specimen with a more detailed report on the character and treatment of the diphtheritic affection as observed in his practice, at the next meeting.

The following resolutions were next offered by Dr. Wickersham, approving of the establishment of a College of Pharmacy in our city:

Whereas, As we learn that there has been a College of Pharmacy established in this city, where apothecaries may be taught to distinguish between pure and impure medicines, and the improved methods of compounding them, Therefore,

Resolved, That this movement receives our warmest approbation, and as we feel ourselves directly interested in its success, we will regret if anything should arise to dim its lustre, or to render it less efficient than its most sanguine supporters believe it will be.

Resolved, That as the experience of every medical man has proved that we have in our midst many so-called pharmacutists who are inefficient and incompetent to perform the important duties of their calling, we will in our professional capacity have additional confidence in those who avail themselves of the opportunity that now offers to make themselves adepts in their profession.

Dr. Andrews invited the Society to attend the microscopic entertainment of the Academy of Sciences, on tuesday evening next. Also an invitation was read to attend the Introductory Lecture before the College of Pharmacy, by Prof. Rauch, M. D.

Dr. Allport extended an invitation to the Society to meet at his residence the next regular evening. On motion, the invitation was cheerfully accepted, and the Society adjourned.

E. A. STEELE, *Sec'y pro tem.*

EXTRACTS FROM THE RECORDS OF THE CHICAGO ACADEMY
OF MEDICAL SCIENCES.

(S. C. BLAKE, M. D., SEC.)

August 1st, 1859.

Dr. Miller reported two cases of diphtheria, which disease has been prevailing to some extent in this city. The disease was ushered in by chill and fever; tonsils and fauces edematous, and of a livid color, with dirty yellow membranous exudations.

Dr. Macalister reported four cases in his own practice, and stated that there had been three cases of death from the same disease in his neighborhood, treated by an undergraduate.

Dr. H. N. Hurlbut reported three cases which had occurred in his practice.

Dr. Macalister adopted the treatment recommended by the "*London Lancet*" in his cases, and found it to be very successful, viz: sesquichloride of iron and chlorate of potash internally, and the hydrochloric acid as a local application.

Dr. Holmes read the report of a case of spontaneous gangrene which occurred in Dr. Schloetzer's practice.

Dr. Holmes stated that Dr. Virchrou had found in a number of post mortem examinations, that the arteries just above the diseased part were plugged with fibrinous clots; and it was the opinion of Dr. Virchrou that these clots were formed in some of the larger trunks of the arteries, and perhaps in the heart itself, and were floated down to the bifurcation of the arteries, where they were found, thus arresting the arterial circulation.

Dr. Ingals thought the clots might have been formed in consequence of diseased arteries, the blood becoming arrested in its course, and thereby forming fibrinous clots which finally plugged the vessel.

Dr. Holmes replied that the cases almost always occurred suddenly, and in the cases above referred to as examined by Dr. Virchow, the arteries surrounding the clots were healthy.

Dr. Macalister related a case which he saw in the Albany Hospital, the patient having suffered from menorrhagia.

Dr. Bloodgood spoke of a case which he once saw, where the gangrene commenced in the toes and extended throughout the entire limb, and therefore he thought could not have been produced in the manner related by Dr. Virchow.

Dr. Miller thought the theory of the formation of blood clots in the heart might also account for the sudden death of parturient women on raising them towards an erect position soon after severe flooding.

Dr. Bloodgood did not believe the above to be the cause of death in such cases as had been mentioned by Dr. Miller, from the well known fact that many of such patients, after fainting and insensibility had occurred, were restored by placing them again in a horizontal position.

On motion of Dr. Hamill, voted to change the time of holding the regular meetings of the Academy to the first Friday evening of each month.

On motion of Dr. Davis, voted to instruct the secretary to print the fee table.

Oct. 7th. Dr. Holmes reported two very interesting cases of injury to the eye.

Dr. Chas. G. Smith exhibited a very interesting specimen of salivary calculus.

Nov. 4th. The annual address was delivered by Dr. James Bloodgood; and on motion of Dr. Rauch, a copy was requested for publication.

Dr. Fisher reported a case of necrosis of the inferior maxillæ. Dr. Fisher removed a sequestrum, which he exhibited to the Academy.

Dr. Fisher exhibited a very fine specimen of necrosis of the

head of the fibula and tibia, and lower extremity of the femur, resulting from bad treatment by an irregular practitioner. Dr. F. amputated the limb.

SELECTIONS.

Surgical Cases in the Hospital at Milan.

[PROF. PAUL F. EVE, of Nashville, Tenn., who has recently returned from a tour in Europe, visited, while there, the places which have been made famous by the events of the late Italian war. The hospital at Milan, in which many of the wounded were received, with some notice of the more interesting cases observed, is thus spoken of in Dr. E.'s correspondence with the *Nashville Journal of Medicine and Surgery*.]

We were fortunate in procuring the services of a sub-officer, who described the particulars of the battle fought at Magenta on the 4th of June. To some soldiers who returned to the railroad station while we were there, he asked, "have you seen any feet to-day?" Upon inquiry what was meant, he replied that even up to the present time, fifty-two days since the attack, owing to the heat and the slight covering of earth, corpses were occasionally exposed.

We arrived at Milan, about twelve miles beyond Magenta, at 2, P. M. Here 17,000 wounded have been received, from Solferino alone. At St. Ambrose there were 1,700 at one time, and 700 still remain. Baron Larrey, son of the old Baron under Napoleon I., to whom Dr. Dunglison kindly gave me a letter, and whom I knew in Paris as a student twenty-five years ago, told us there were twenty-one hospitals in Milan. He gave orders for our reception at every one, but, of course, as we could not see all, we choose the three largest and most interesting.

In the two days spent here we noted the following cases: At St. Ambrose, built in the sixteenth century, the one of greatest interest was that of a soldier shot twice at Milegnano, more than forty days ago. One ball fractured the third rib, perforating the right lung and traversing the thorax. A second one fractured the surgical neck of the humerus on the same side. No union having taken place, it was determined to exsect the head of the bone. With a double edged knife the track of the bone was followed, and by a crescentic incision from above downward, and from within outward, a large flap was made of the deltoid muscle and integuments. The head

of the bone was then taken out of the glenoid cavity, and the bone below the fracture sawed off. The case was doing well, and the surgeon in charge was quite proud of it.

At the great civil hospital, with three thousand beds, we noticed four cases of compound fracture of the thigh, under Surgeon Michili. One had a ball through the upper third of the femur, which was badly shattered. The patient was brought in from Magenta, and this is now the fifty-sixth day since he was wounded. To-day the opening made by the entrance of the ball was enlarged, and gave exit to a large quantity of pus. The limb is in splints. No union of bone. Many spiculae have been removed. His recovery is doubtful. 2d case.—The ball also fractured the upper third of the femur, and has not yet been found. Incisions have been made, and there is now free suppuration. Result of case also doubtful. The patient complains most of his heel, where there is a large ulceration which has bled occasionally. Was wounded at Magenta. 3d case.—Wounded by a ball through the lower third of the thigh, involving the knee-joint. Has diarrhoea, with free suppuration about the injured parts. Have little expectation of his recovery. 4th case.—The ball traversed the upper part of the left thigh, at Magenta. Is doing well, and there is little doubt of his recovery.

Saw also here a patient coming from Solferino, having a ball to strike the olecranon, and pass out at the inner side of the limb, opening the joint. Doing well, with prospects of ankylosis. A ball traversed one side of the spine without injuring it, and has been lost on the other side. A ball struck the spine of the tibia in another case, and was divided by it, each portion coming out in the calf of the leg. A soldier received a ball at Solferino, to the left of the median line of the upper lip on the left side; it came out in the parotid region. With the exception of a salivary fistula, he is doing well. Another at Milegnano had a ball to traverse the left pleural cavity and come out at the inferior angle of the shoulder blade. He had no hæmoptysis, but there is some suppurative action going on near the wound of exit. This was freely laid open to-day. Another is here with a wound made by a ball passing under the outer third of the right clavicle. The right upper extremity of this side is partially paralyzed, with irregular nervous paroxysms, for which nothing as yet has afforded entire relief. At Solferino, a soldier was struck upon the right zygomatic arch, the globe of the right eye ruptured, and the nose at its base perforated, the ball escaping just under the left eye. Is doing well. Found here also two cases of fractured jaws. The one in the inferior was made by a ball striking the middle

of the inferior lip, fracturing the bone, and making its exit near the mastoid process of the right side. This occurred at Magenta. After removing spiculæ of bone, there has resulted good union of the inferior maxillary. In the second case the ball passed through the entire upper jaw, from side to side, including the hard palate. The large opening between the nose and mouth is now closed by a gold plate and artificial teeth. For a ball passing through the ham and injuring an artery, with subsequent formation of an aneurism, the femoral artery was tied at the usual point of selection, on the 20th of July. Apparently doing well. Observed here, too, a case of tetanus. The patient was shot at Solferino, by which the tibia was fractured. This was on the 24th of June. The attack of lock-jaw commenced fifteen days ago, and the surgeon in charge ascribes the relief to *muriate of baryta*, given, I think he said, in 6 grains to 20 or 30, three times a day. By this remedy he told me he had cured four cases. The tetanus is pretty much confined to the side wounded. He has, moreover, violent contractions of the leg upon the thigh, and then chloroform is inhaled. The patient is able to take nourishment freely. The last in this hospital which I recorded the notice of, was that of a Captain, with a thigh greatly shattered by a ball at Milegnano, on the 8th or 12th of June. The surgeons proposed at once to amputate the limb by candle light, to which he objected, when he was brought to Milan, and seventeen hours after being wounded the operation was performed in the middle third of the femur. He is now nearly ready to return to la belle France. These four last cases were under the care of medico-chirurgo Gustavo Tassani, of Milan.

At the Hospital of St. Prassede I collected the following facts: A patient wounded at Magenta, had a severe hemorrhage from apparently one of the articular arteries about the knee, 31 days after being wounded. There is now great infiltration in this extremity. I much apprehend here loss of limb or life. The ball passed through the knee-joint. A ball entered left commissure of mouth, fractured the jaw near the angle of the same side, and passing out, went through the neck above the clavicle, and out near the scapulæ. Patient is doing well. At Solferino the elbow joint of a soldier was traversed by a ball, and now, notwithstanding every attention, it has been agreed that amputation must be performed. In another, the same ball passed through both calves of the legs, making four wounds without fracture. The first struck has healed soonest, but in the last one wounded, the union has been interrupted by foreign substance in it, for yesterday a piece of clothing was removed from it. A wrist-joint, perforated through and through, antero-

posterior, has been saved, the patient being now nearly well. It is true the bones of the carpus may yet inflame and ulcerate. — *Boston Medical and Surgical Journal*.

Cure of Spina Bifida by application of Collodion.

In a late number we alluded to Dr. Brainard's success in the treatment of spina bifida by iodine injections. A case which was cured by the application of collodion is reported in the *Journal für Kinderkrankheiten*. The child was seven weeks old, and the tumor was of the size of a small orange. When the fluid was pressed into the spine, the patient had pain, and the muscles of the face were convulsed. The tumor was covered with collodion, at first mixed with an equal quantity of castor oil, afterwards with a mixture of three parts of collodion and one of oil, and finally with pure collodion. The tumor disappeared at the end of three weeks. The patient was treated by Dr. Behrend. "It should be added," says the reporter, "that the child having presented cerebral symptoms, was also treated with calomel, to which, perhaps, a share of the cure is due." We should be inclined to doubt this assertion. In our opinion the calomel was at least nugatory, if not injurious to the progress of recovery. — *Boston Medical and Surgical Journal*.

Remarks on Lycopus Virginicus, Prinos Verticillatus, and Epiphegus Virginianus. By Charles A. Lee, M. D.

LYCOPUS VIRGINICUS, (*Bugle Weed: Water Hoarhound*).—The natural order, *Labiata*, to which this plant belongs, includes a large number of plants, which have been employed, from a very remote period, as aromatic cordials and stimulants. Some of them are still retained, though many have been abandoned in modern practice. They all owe their activity to volatile oil, bitter extractive, and astringent matter. The volatile oil is found in small receptacles, or globular glands, contained in the leaves, in the form of an *oleo-resin*. The *bitter extractive* is found in all the *Labiata*, and to this principle they owe their bitterness. If we add a ferruginous salt to an infusion of some of the *Labiata*, a green color is struck, which indicates the presence of *astringent matter*. Their aromatic, carminative and stimulant properties are owing to *volatile oil*; their tonic and stomachic, to *bitter extractive*, or a peculiar bitter principle. The small quantity of tannic or gallic acid which they contain only serves to increase their tonic properties. Some of them

are employed in perfumery, some in cookery; while others are used in medicine, to relieve nausea and colicky pains, expel wind, prevent or relieve griping, and cover the taste of unpleasant remedies. Although volatile oil is the predominate proximate principle in the plants of this order, yet some of them contain so large a quantity of bitter extractive as to render them highly valuable as stomachics and tonics; others possess peculiar, specific properties, adapting them to fulfil certain special indications. Among this latter class may be ranked the *Lycopus Virginicus*.

The European species has long been celebrated as a powerful febrifuge and astringent, well adapted to the treatment of fevers and hemorrhages, while the American species has but recently been introduced into practice. The bugle weed is a common, well-known plant, growing in shady and wet places, in most parts of the United States—flowering in August—and is often confounded with the *Lycopus Sinuatus*, or water hoarhound, whose medicinal properties, though similar, are far inferior to those of the *Lycopus Virginicus*. The whole plant is officinal, and has a peculiar, aromatic odor, and a disagreeable bitter taste.

Chemical Composition.—Although the bugle weed is officinal, occupying a place in the secondary list of the United States Pharmacopœia, its chemical composition had not been accurately ascertained until the recent analysis in your own laboratory. This shows that, in seven thousand parts, it contains—

Of inorganic matter,	-	-	-	-	-	-	-	128
Of organic matter,	-	-	-	-	-	-	-	6872
Total,	-	-	-	-	-	-	-	7000
Gum and albumen,	-	-	-	-	-	-	-	248
Tannin,	-	-	-	-	-	-	-	40
Bitter principle, soluble in ether,	-	-	-	-	-	-	-	25
Particular bitter principle, insoluble in ether,	-	-	-	-	-	-	-	696
Sugar,	-	-	-	-	-	-	-	120
Extractive,	-	-	-	-	-	-	-	232
Starch,	-	-	-	-	-	-	-	172
Chlorophylle,	-	-	-	-	-	-	-	220
Soluble Salts,	-	-	-	-	-	-	-	26
Insoluble Salts,	-	-	-	-	-	-	-	102
Lignin,	-	-	-	-	-	-	-	5120
								7000

The large amount of bitter principle contained in the plant is worthy of particular note, viz: seven hundred and twenty

parts in seven thousand, or more than ten per cent; while the amount of tannin is inconsiderable. It contains no gallic acid.

Therapeutical Properties and Uses.—From the large proportion of bitter and astringent matter we might safely infer its tonic properties; but, in addition to its tonic astringent power, it possesses a narcotic virtue, though not of an active kind. The peculiar alkaloid, or oleo-resinoid principle, to which it probably owes its tonic qualities, has not as yet been separated in an isolated form; the *lycopin* of some manufacturers being a powdered extract mixed with salt and other impurities. The *lycopus*, in certain pathological conditions, is a very valuable sedative astringent, especially adapted to cases of hemorrhage attended with frequent pulse and great nervous irritability. In such cases it often seems to prove specific, acting promptly and with great certainty in allaying irritability, while it controls the hemorrhage. It evidently strikes at the pathological cause, removing or correcting that morbid condition of the vascular and nervous system on which the hemorrhage depends; while it increases the tonicity and contractility of the minute capillaries, it diminishes the *vis-atergo*, by which the blood is propelled into them. The wild cherry bark possesses similar properties, though less strongly marked. We have used the *lycopus* successfully for many years, in hæmoptysis, hæmatemesis, menorrhagia, etc., sometimes alone, at others in conjunction with other remedies; and we have come to regard it, in certain cases, almost in the light of a specific. We are inclined to consider it best adapted to cases of bleeding from the lungs, though some practitioners regard it as most efficacious in hemorrhage from the stomach. It has been known to arrest epistaxis, when all other remedies have failed. Certainly, as a popular remedy in spitting of blood, there is no indigenous production that ranks so highly as this. Its great power, as already stated, is doubtless owing to its sedative influence over the circulatory and nervous system, while, at the same time, it constricts the smaller vessels. The late Prof. Ratnesque, whose knowledge of our indigenous botany was very accurate and extensive, remarks as follows:—"I consider the bugle weed a very good substitute for all narcotics, prussic acid, and even bleeding, since it produces the same state of the pulse and arterial system, without inducing any debility, or acting on the heart and brain in any injurious manner." While we do not admit that any vegetable remedy is a perfect substitute for blood-letting, in all cases, it must nevertheless be conceded that the bugle weed will moderate the force and frequency of the pulse, and thus accomplish one of the important indications of bleeding, unattended with the danger of relaxing the minute

vessels—the source of the hemorrhage. We have called the lycopus a *tonic*, though its tonic properties are not strongly marked. In this respect it yields to the cerasus; it checks the secretions like most astringents, while it quiets the circulation and allays inordinate irritability. These properties render it useful in most cases of excessive flux, associated with such a condition. Besides the various forms of hemorrhage above mentioned, it will be found well adapted to many cases of diabetes, senile cough, humoral asthma, chronic diarrhoea, etc. In the latter, when caused by irritation, it proves particularly serviceable, after thorough evacuation by castor oil. The European species has been found very efficacious as a remedy for intermittents, given in powder previous to the access, and it is very probable that our own species possesses similar properties. It seems to have been used from time immemorial, as it is mentioned in the most ancient records. It forms a very good black dye, and Withering says that gipsies stain their skin with it.

The physiological effects of the bugle weed are such as might be inferred from what has been already stated in regard to its therapeutical effects. Taken in health, in the form of a strong infusion, in doses of a wine-glass full every two hours, it abates the force and frequency of the pulse, without nausea or cerebral disturbance, while at the same time it causes slight constipation.

Preparations.—Infusion, decoction, fluid extract, syrup, tincture. The infusion, made by pouring a pint of boiling water to an ounce of the dried plant, is the most frequent form of administration. Of this, in hæmoptysis, a wine-glass full should be given as often, at first, as every half-hour or hour, according to the urgency of the symptoms. The *fluid extract* from your establishment has proved a reliable preparation, in doses of from one to two drams every two hours. A good extemporaneous infusion is made with one ounce of the fluid extract to one pint of water; dose, two to four ounces. The syrup may be prepared from the infusion, or by mixing three ounces of the fluid extract with twelve ounces of simple syrup; dose, one to two ounces.—*Journal of Materia Medica.*

Employment of Veratria in Acute Diseases of the Chest.

M. Aran has called the attention of practitioners to the remarkable effects produced by the internal use of veratria in febrile diseases, and especially pneumonia. In the Sardinian Medical Gazette an article has appeared, in which Dr. Ghiglia, without any knowledge of M. Aran's researches, recommends

the use of veratria in the same circumstances, except that he never employs this alkaloid alone, but associates it almost always with opium, sometimes in the form of pill, sometimes as a syrup. The dose of veratria is five millegrammes (0.077 of a Troy grain) in a pill, with the same quantity of opium, and the number of pills to be taken in the twenty-four hours varies from six to seven, and even twelve, according to the circumstances. In this dose, according to M. Ghiglia, vomiting rarely occurs, but nausea and the other depressing effects of veratria are present. The results obtained by M. Ghiglia in certain cases of pneumonia, bronchitis, and broncho-pneumonia have been sometimes most remarkable, and the following are the results arrived at by this author: "1. The inflammation of the respiratory organs, when they have arrived at such a period as to produce disorganization of the parts, are not improved by the use of veratria. 2. The action of this substance is the more favorable in proportion as the disease is more recent. 3. The tolerance is very various, according to individual habits, and perhaps also according to certain peculiarities which are not well understood. 4. The more easily the tolerance ceases the more marked is the depression. 5. Veratria is, in many respects, a preferable medicine to others which are more constant in their action but less easy to take. And 6. It is perhaps prudent, in severe inflammations of the respiratory organs, to order a few bleedings before prescribing the veratria.—*Bulletin General de Therapeutique, January 30, 1859.*

Employment of Tannin in Large Doses in Albuminous Anasarca. By Dr. P. Garnier.

Although the internal use of tannic acid is still very limited in France, its employment in large doses has been much recommended lately in other countries, and has been extended to numerous cases which, while proving its innoxious character, appear to exhibit it as possessing some totally new properties. It has been shown to be useful in all cases where it is required to arrest hemorrhages, to give tone to organism, or to remedy morbid secretions. It has been employed, for example with great benefit, in albuminuria, diabetes, and serous infiltrations.

From these considerations, Dr. Garnier has been induced to employ tannic acid in the albuminous anasarca consecutive to scarlatina; and he adduces several cases illustrative of this mode of treatment, drawn from his own experience and cases reported by other physicians. The cases all prove that in the general serous infiltration of the tissues complicated with albu-

minous urine there is a rapid and simultaneous disappearance of these two morbid phenomena under the influence of tannin alone, administered in a large dose. The conclusions drawn by Dr. Garnier are, that tannin, employed in doses of two to four grains a day (℥ ss. to ℥ j.) cures anasarca or œdema developed passively and occurring simultaneously with albuminous urine; that its curative action is manifested by abundant urine, gradually restoring its physiological characters, by perspiration, easy alvine evacuations, return of appetite, etc.; that these signs appear from the second day of the administration of the tannin; that, given in solution in doses of twenty to fifty centigrammes at a time, tannin causes no unfavorable symptoms affecting the digestive passages; and lastly, that the action of tannin appears to be exerted primarily upon the fluids of the economy, the albuminous principles of which it coagulates and renders plastic, and that its consecutive action on the solids appears to be tonic and astringent.—*Archives Generales de Médecine*, January, 1859-

Saline Injections in Diphtheritis.

M. Roche states that he has been successful in some cases in which he has tried the injection of a solution of chloride of sodium into the throat, that in his next case he is disposed to employ it as the sole means of treatment. He practices, in fact, a continuous, or almost continuous, irrigation of the throat, by means of Eguisier's irrigator, provided with a canula having a very small jet. He believes that it is in such irrigations, whether employing salt, alum, or the chlorates, we should seek for curative agents.—*Union Médicale*.

Syrup of Iodide of Potassium in Syphilis.

M. Basin gives iodide of potassium in this disease, in doses of five to seven and a half grains, till seventy-seven grains are given. Seldom had occasion to give more. He prefers the following formula:—

R	Bi iodide of Mercury,	3 grains.
	Iodide of Potassium,	2½ drachms.
	Syrup of Saponaria,	18 ounces.

Dose—Begin with two teaspoonful, twice a day, and increase until four teaspoonful are taken at a time.—*Journal of Materia Medica*.

BOOK AND PAMPHLET NOTICES.

LECTURES ON SURGICAL PATHOLOGY. BY JAMES PAGET, F. R. S.
Second American Edition. Published by Lindsay & Blackiston, Philadelphia, 1860.

This work is a reprint of the previous edition, without material modification, but as it is not yet in every library where it should be, a brief notice of its contents may not be out of place. These lectures were originally delivered at the Royal College of Surgeons, England, and have been enlarged for the press.

The first fifty pages are devoted to a consideration of the nature, purpose, and conditions of nutrition. The positions of the author are illustrated by a variety of cases of pathological nutrition, both in men and animals. After this there is a full discussion of the subjects of hypertrophy, atrophy, the reproduction of lost parts, and the repair of injuries. The principles and processes of these several conditions are richly illustrated by cases from human and comparative pathology. The subject of the repair of bones and tendons is treated with great interest.

Inflammation, with its various products and consequences, next follows, with a pretty full consideration. Morbid growths are next in the order, including the innocent and malignant tumors, and tubercles. These subjects are fully illustrated with engravings, and the cuts showing the microscopic appearances of malignant growths are peculiarly valuable.

Some of the conclusions in this work are not true, others are doubtful, but in the main it is the best and most complete treatise on surgical pathology extant.

E. A.

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY,
held at Decatur, June 7th and 8th, 1859. Pages 146.

If the merits of a volume were to be judged of by its size, we should not be disposed to pronounce the Transactions as a very valuable contribution to our medical literature. But as we have progressed in the examination of its contents, our anxiety has given place to a feeling of satisfaction, that as

meagre in size as it is, still the volume lacks none of the interest and merit of its predecessors.

After the usual proceedings, we find occupying the first few pages the Valedictory Address of the retiring President, in which was presented, in Dr. Johnson's peculiarly felicitous style, the subject of human dissection, and the interest which the people of any community should feel in the pursuit of anatomical studies. In answer to the various objections that are urged against the only successful mode of studying practical anatomy, the Doctor remarks, that "it was not mere curiosity that actuated the student in the daily pursuit of his favorite science, nor was it so much to meet the claims of abstract science; but that there was a necessity of a personal practical acquaintance with the structures of the human body, as the qualification for the successful discharge of the claims society is constantly demanding of the physician." And "as there are those who are bound to society by no ties but those of our common humanity—or are in our prisons and almshouses—whose bodies are unclaimed, and whose graves will remain undistinguished—if by legislative enactments, authority should be granted to those having charge of such institutions, to deliver after death, the bodies of those who might remain uncared for, to organized medical colleges, and such regular physicians and surgeons as might apply for them, and as in the judgment of the authorities were persons of suitable discretion, the demands of society and the interests of humanity would be fully met, without doing violence to the feelings of surviving friends, or the natural respect which all men feel for the dead." Now, if this is the practical plan, it behooves every member of the profession and of society at large to early secure in some way the legalization of anatomical studies. And, then, no longer would we see the strange inconsistency of our laws, with reference to professional skill and qualification. Nor would there be laws by which every physician and surgeon is made liable to suits and heavy damages for mal-practice if he do not exercise skillfully that knowledge of practical anatomy, for the acquiring of which, he is now subjected to heavy penalties, and public sentiment deems him guilty of a

high crime and his name is associated with felons and murderers. And, if instead of making the taking of bodies from the potters field a penitentiary crime, the next legislature would pass a law similar to one enacted and in operation in New York and Massachusetts, the public at large would rest in full security, cherishing the memory of their dead, and undisturbed by any fears as to the sanctity of their last resting place."

In conclusion, we have only to express a wish that every member of the next legislature of our State should be supplied with a copy of this excellent address, for it will exert a powerful influence in educating public sentiment, and in obviating the trivial and superstitious objections that are urged against the study of practical anatomy.

The next fourteen pages we find occupied by a report on the Sore-Mouth of Nursing Women, by J. H. Hollister, M. D., Chicago.

With a brief abstract of the literature of this affection, the writer passes to the consideration: 1st. That it is a disease of very general occurrence in some localities, while it is not known in others. 2d. That females alone suffer from it; and then only during the periods of gestation and lactation, and sometimes there is a recurrence after lactation has ceased. 3d. That the intensity of its development is very uniformly dependent upon an impoverished condition of the blood; and also a diminution of a red corpuscles—and that it assumes an epidemic form from a concurrence of influences which depress the vital powers. That its three forms are but the different manifestations of the same disease, and that the erythematous variety is migratory in its character; and any of the mucous membranes are liable to its metastasis, while the common complications are to be met with in the lungs, stomach, and bowels. In the treatment, the general indication is to be attained by a generous support of the vital powers by all the means at our command, and in addition to this, "the suppression of the lacteal secretion may be imperative."

The report of the Committee on Obstetrics and Diseases of Women and Children occupies some fifty pages, and is made up of several interesting original cases, and one essay on the

use of "Chloroform in Parturition." The design of the Committee seems to have been "to make the report original, corresponding more nearly with the design of the appointment, while it is really adding something to medical literature." The arrangement of the subjects is such, that each case presents something of the distinctness of a separate report upon the cases presented; among which may be cited a case of Pelvic Abscess, by Dr. Byford, the chairman of the Committee; together with a singular case of extensive abscess of the ovarian region, by Dr. Noble. Cauliflower Excrecence of the Os Uteri, with two cases. Placenta Previa, with case. A case of extensive wound of the abdomen during pregnancy, reported by Dr. S. H. Luce. We next find an interesting contribution from the fertile pen of Dr. A. Hard, of Aurora, of six cases of Monstrosities and Mal-formations, and one of Puerperal Convulsions, that presents the peculiarity of treatment by Ti. V. Viride, with free bleeding, by which means the pulse became slower and the labor progressed favorably. Then follows a communication of interesting cases of Puerperal Convulsions, complicating labor, by our fellow-townsmen, Dr. V. L. Hurlbut. Ovarian Tumor, complicating labor, by the Chairman. Also a case in which there was a rupture of the uterus during the progress of labor. A case of the poisoning of the mother through the absorption of a decomposing fetus, as furnished by Dr. J. H. Woodworth, of Chicago; and in contrast to which, is another case by the Chairman, in which the mother carried the fetus 51 days after its death without any apparent inconvenience, and then had a good delivery; and the Doctor remarks that the fetus had gone farther in decomposition than in the case of Dr. Woodworth's, but it was of the adipocercous nature.

In conclusion of the report we find a very interesting and well written essay on the use of Chloroform in Parturition, by Dr. Young. There is certainly no subject in the whole range of obstetrical practice of equal interest or importance. Under what circumstances should anæsthetic agents be administered to patients in the throes of labor? Should they be given in natural, or only in protracted instrumental cases? What are the dangers attending them, and how may they be most suc-

cessfully guarded against? These, and many other questions, are continually presented to the mind of the practitioner, and the great mass of the profession are still in doubt and anxiety in regard to their solution. After discussing the safety and efficiency of chloroform, when judiciously administered; the various advantages that follows; the more perfect control of the uterus after delivery, and the consequent diminished liability to hemorrhage; the essayist concludes, that since the cases in which the anæsthetic agents have been administered are numbered by the thousand, and that few fatal cases, if any, have occurred, that it is sufficient to establish the safety as well as the power of anæsthesia, and should enable us to confer upon woman the greatest benefit she has ever received from medical science. In surgery, however, several unfortunate cases have occurred, that have also served as a caution in the use of anæsthetics in obstetrics. But we find an ingenious explanation of the different results furnished in the essay—“that as in surgery the agent is used as a preparation for the operation, pain is not at the time present, and has not exerted its influence upon the nervous system; but in parturition the pain is real and present, and not simply anticipated; therefore, the sensory portions of the nervous centre will resist its influence with more tenacity and force than if no pain was present.”

The remainder of the volume is occupied by two Prize Essays. The first is on the influence of climate on Pulmonary Tuberculosis, and contains many facts of interest. It was written by Dr. G. W. Phillips, of Dixon, Lee Co., Ill. The second is on the use of Opium in the Treatment of Inflammatory Diseases, by Dr. A. S. Hudson, of Sterling, Ill. We shall defer a more full notice of these essays until a future number of the *Examiner*.

E. A. S.

CLINICAL REPORTS.

Medical Wards of the Mercy Hospital. Service of Dr. N. S. DAVIS.

Nov. 1st. Male Ward, No. 1. Dr. Davis remarked to the class, that he should occupy their time this morning, chiefly with two cases.

Case 1. *Chronic Ague complicated with sub-acute Duodenitis and Pneumonia.* The substance of the remarks upon this case were as follows: The patient before us is a native of Ireland, aged about 25 years, a laborer, and has been spending some months in the South. Whilst there, he was attacked with periodical fever, and found his way into a Hospital in St. Louis. By judicious treatment his fever was arrested, and in due time he was discharged. Probably, from undue exposure, he soon had a relapse in the form of a tertian intermittent.

Without any regular treatment, the patient has continued to suffer from this disease, in the meantime enduring more or less exposure and fatigue, until he reached this city, and was admitted into the Hospital yesterday. You see, at a glance, that his skin and conjunctival membrane of the eyes present a deep yellow color; his pro-labia are pale; tongue coated with a yellowish white fur; and his general aspect that of anaemia. His skin his only slightly above the natural temperature; pulse 90 per minute and soft; bowels inactive; respiration rather short, but not difficult; moderate cough, with an acute, sore pain in the left sub-axillary region; urine scanty and very high colored. It is evident that the patient has been laboring under the intermittent fever long enough to induce considerable diminution of the red corpuscles in the blood, as is shown by the paleness of his lips and the general muscular weakness; but this does not satisfactorily explain either the pain in the left side of the chest, or the jaundiced hue of the skin, with a sense of fullness and soreness in the epigastric and right hypochondriac regions. To determine the origin of these symptoms, we must resort to auscultation and percussion, or in other words, to a physical exploration of the chest and abdomen.

Uncovering the patient for this purpose, you see the epigastric and right hypochondriac regions somewhat more full than natural, but as we percuss, you learn from the tympanitic resonance, that most of the fullness is from gaseous distension of the intestines; while the hepatic dullness is restricted to its natural limits. The patient complains, however, that the percussion causes a sore pain over most of the hepatic region. From the tenderness and fullness of the right hypochondriac

and epigastric regions, it is evident that a low grade of inflammation exists in the liver, and probably also in the mucous membrane of the duodenum, which would fully explain the jaundiced hue of the patient. Finding nothing unnatural in the left hypochondric region, we will pass to an examination of the chest. As we percuss extensively over its surface, you detect no unnatural sounds, until we come to the sub-axillary region of the left side. Here the resonance is diminished, indicating that the parts within are more dense than natural. If you will take each his turn in listening through the stethoscope applied to this region, you will hear distinctly a fine crepitant rale, indicative of pneumonic inflammation in the early stage of its progress. We are now prepared to explain all the symptoms that the case presents. We have a chronic or protracted intermittent, complicated with a low grade of hepatic and duodenal inflammation, by which the digestive function is impaired, the hepatic ducts obstructed, and the coloring matter of the bile retained in the blood to such an extent as to stain all the tissues a yellow color; while a more acute grade of inflammation has invaded the lower lobé of the left lung.

The indications for the treatment are three, namely: the interruption of the intermittent paroxysms; the removal of the local inflammations; and the restoration of the blood and tissues to their normal conditions. The time has been, when the detection of a local inflammation in connection with a periodical fever would cause the first of these indications to be superseded by the second, under the idea that the tonic qualities of the quinine rendered its exhibition unsafe, while local inflammation existed in any of the textures of the body. Experience, however, has fully demonstrated the fallacy of this idea, and shown that the prompt interruption of the febrile exacerbations by quinine, actually facilitates the reduction of the local inflammation. Hence, we shall endeavor to fulfill, in this case, both the first and second indications by the following remedies:

R	Sulph. Quinine,	12 grs.
	Proto-Chloride Hydrarg.	12 “
	Pulv. Opii,	6 “

Mix and divide into four powders. Give one every four

hours. Also between the powders, give a teaspoonful of the following mixture, viz :

R	Hive Syrup,	℥ j.	
	Tinct. Bloodroot,	ss.	
	Tinct. Opii et Camph.	℥ jss.	
	Tinct. Verat Viride,	℥ j.	Mix.

To-morrow, after all the powders have been taken, the bowels should be moved by a dose of castor oil; after which, a powder composed of quinine, 2 grs., nit. potassa, 5 grs., and pulv. opii, 1 gr., may be given every four hours, and a blister plaster applied to the lower part of the left side of the chest. These means will probably prove sufficient to interrupt the intermittent paroxysms, and completely remove the pneumonic inflammation in two or three days; leaving only the general debility, with more or less duodeno-hepatic derangement for further treatment. If so, we shall direct the following pills, which we have often seen effectual in similar cases, viz :

R	Ext. Cornus Florida,	3j.
	Sulphas Ferri,	30 grs.
	Blue Mass,	10 "
	Ext. Taraxicum,	30 "

Mix and divide into thirty pills; one to be given before each meal, and at bed-time. But as you will have an opportunity to see the progress of the case from time to time, we will leave it for the present, and pass to an adjoining bed.

Case. 2. This patient is a native of Ireland, aged about 40 years, a laborer. He has been admitted to the Hospital since our visit yesterday. You see his countenance is expressive of anxiety and severe suffering, and he tells us that about three days since he was attacked with severe pain in the abdomen, which still continues, and is coupled with extreme tenderness over the whole epigastric and umbilical regions. His urine is scanty; his bowels quiet; considerable thirst, with a disposition to reject drinks by vomiting; pulse soft, and not more than 90 per minute. All the symptoms in this case point to the abdomen as containing the seat of disease, while the acute pain and tenderness would equally indicate its inflammatory nature. We may find severe pain in the abdomen from colic; but this, instead of being accompanied by acute tenderness, is

generally relieved by pressure. We may also find severe pain in the abdomen from strangulated hernia, either concealed or manifest, or from intussusception. But in either of these conditions the pain would be more circumscribed, that is, referred to some particular part of the abdomen, and be accompanied by complete obstruction of the bowels. Again, in either of the last conditions named, before three days had elapsed, as in this case, the vomiting would be frequent and perhaps stercoraceous with great general prostration. In the patient before us, however, the pain and tenderness are both diffused, the vomiting is not persistent, and free fecal evacuations have occurred since the attack commenced. Hence, we regard it as hardly possible that the present case is one of intestinal obstruction or strangulation. We should regard this as a case of sub-acute inflammation of the peritoneal covering of the intestines. If it involved that part of the peritoneum lining the abdominal parietes, there would be a much greater degree of tenseness and fullness of the abdomen, and if it extended to the mucous membrane, there would be diarrhoea. The consequences of peritoneal inflammation, when uncontrolled, are thickening of the membrane, plastic exudations, and serous effusion. The second often leads to adhesions, and the third to ascites or abdominal dropsy. Most pathologists, in treating of the nature of inflammation, have restricted their attention too exclusively to the condition and movements of the blood or fluids in the part affected. Thus, Dr. Williams makes inflammation consist, essentially, of a determination of blood to the structure involved, with the circulation through it partly increased and partly diminished. We regard every inflammation as involving *three* primary elements or morbid conditions, namely: an accumulation of blood in the part, an exaltation of that elementary property of the tissue which we call susceptibility; and an alteration of the vital affinity.

If the accumulation of blood in the part is accompanied by an active determination to it, with increase of both the susceptibility and affinity, it constitutes what is familiarly known as active, sthenic, or phlegmonous inflammation. If, on the other hand, the accumulation of blood in the part results not from

increased determination, but from an impaired action of the capillaries themselves, with diminution of vital affinity, while susceptibility alone is increased, it constitutes asthenic or aplastic inflammation.

We thus claim that the movements of the fluids and the properties of the solids are both necessarily involved in every true inflammatory process. Hence, we have two uniform and rational indications for treatment, namely, to allay the morbid susceptibility, and to diminish the fullness of blood in the part. Anodynes and the local application of cold, constitute the principal means for accomplishing the first; while the means of accomplishing the second will depend upon the immediate cause of accumulation. Thus, where active determination of blood to the part inflamed, exists, depletion and arterial sedatives will be required; but if the cause of the accumulation is an impaired condition of the capillaries of the part, then, instead of sedatives, such stimulants or excitants as are capable of giving increased tone and contractility to the capillary system, will be most promptly efficient. These observations relate to inflammation in its first stage or elementary condition. If it has existed long enough to produce secondary effects, such as infiltration of texture; effusions, either serous or sanguine; softening, suppuration, &c., these will afford other indications for remedial agencies. In the case before us, there is not that fullness of pulse, or force in the action of the heart, which would call for either depletion or sedatives; neither are there any signs of effusion. Hence the only clear indications are to subdue the extreme morbid susceptibility of the inflamed membrane, and overcome the irritability of the stomach.

The most efficient remedies we possess for this purpose, are narcotic fomentations and full doses of opium, with alterative doses of calomel. To be effectual in such cases, the opium must be given in doses sufficient, not only to allay the pain, but to induce more or less sleep. In inflammations of the serous membranes, this can be done with impunity. But when the respiratory organs are involved, causing increased secretion into the air passages, narcotism, by suspending cough, and efforts to clear away the excessive secretion, greatly increases

the danger of suffocation. It is necessary to remember this, especially when prescribing for children. For the patient now before us, we will direct fomentations of hops or aconite leaves over the abdomen, and give a powder composed of pulv. opii. 2 grs. and calomel 2 grs. every two hours, until six doses are taken, unless the patient sooner becomes easy, and exhibits a disposition to sleep. If this should occur the interval between the doses should be lengthened to four hours.

We add the calomel to the opium, in such cases, partly to lessen the gastric irritability, and partly to keep up those important secretory actions which the opium alone would retard or entirely suspend. If we can succeed in bringing the patient readily under the influence of these remedies, the inflammatory process will rapidly abate, and at the end of 36 hours we may suspend their use, and cause a mild but efficient movement of the bowels. But as the clinique hour has already expired, we must omit further remarks until you visit the Ward again.

EDITORIAL.

In issuing the first number of a new Medical Periodical, we have only a few words of explanation to offer.

Chicago has not only become a great commercial metropolis, but also a prominent medical centre, to which a large part of the profession in the North-West, look both for their education and their medical literature. From a somewhat extended intercourse with this part of the profession, we are satisfied that they desire a medical journal, which, in addition to furnishing them, from month to month, with a fair supply of valuable practical and scientific matter, shall possess sufficient independence in its editorial management, to convey impartial and reliable information in regard to all the medical institutions existing among us; and sufficient liberality to open its columns to well written articles from respectable members of the profession, whether the sentiments they contain accord, in all respects, with those entertained by the editors or not. In other words, they want a journal conducted with energy, indepen-

dence, and liberality; embracing as its paramount object the upbuilding of the profession by the advancement of its practical, scientific, social, and educational interests. With some degree of reluctance we have undertaken the task of supplying such a journal. But having put our hands "to the plough," we shall not look backward. On the contrary, we shall spare neither time, labor, nor money, to make the *Examiner* all that its readers could reasonably ask. We have secured the aid of a good list of collaborators, embracing some of the most eminent practitioners in three or four States. Our home resources for matter of both practical and scientific interest, are ample. We not only have now two Medical Colleges in active operation in this city, but we have three Public Hospitals, two Dispensaries, one Charitable Eye and Ear Infirmary, and two well organized Medical Societies. From all these we shall gather more or less matter for the entertainment and instruction of our readers. We also earnestly solicit contributions from members of the profession generally.

In pecuniary matters, our past experience has satisfied us, that payment in advance is the only correct policy.

It is certainly more easy, and far more pleasant, to pay promptly *two* dollars per annum, than to pay eight or ten dollars at the end of four or five years.

We have issued this, the first number, one month in advance of its date, to give those who wish to subscribe, time to send in their names and remittances before the issue of the second number, which will be due on the first of February.

To the editorial fraternity, we would extend a friendly greeting, and respectfully ask them to place the *Examiner* on their list of exchanges.

CHICAGO COLLEGE OF PHARMACY.

The introductory exercises of this Institution were inaugurated in Bryant & Stratton's Commercial College, with a general introductory lecture, by Prof. J. H. Rauch, M. D., which was listened to with interest by an audience of ladies, physicians, and students. The subject of the address was the History of Pharmacy, and displayed much research and labor in its composition.

E. A. S.

TRANSACTIONS OF STATE SOCIETY.

A desire to give some idea of the progress of our Western medical literature, we trust, will be considered a sufficient motive for having devoted to the Transactions more space than generally it is advisable to appropriate to a bibliographical notice. We hope that the Abstract will furnish to the profession an idea of their value, and those who consider themselves entitled to a copy, and do not receive one, will please remember that a resolution was adopted by the Society at its last meeting, by which those members only are entitled to the Transactions who have paid the assessment of three dollars.

All those who have thus responded, have been supplied, and to others of the profession who will remit to the Treasurer, Dr. J. W. Freer, the same will be immediately sent. Also, there are a number of copies of the Transactions for the years 1856, '57, and '58, still in the hands of the Secretary, that, when bound, would constitute a handsome volume, and a valuable addition to the library of any physician.

E. A. S.

MEDICAL DEPARTMENT OF LIND UNIVERSITY.

The first annual course of instruction in this institution was commenced on the evening of the 10th of October last. The College Hall was closely crowded by an audience composed of professional men, students, and intelligent citizens of both sexes. The exercises were opened with prayer by the Rev. J. A. Wight, after which the general introductory lecture was delivered by Prof. N. S. Davis. As this lecture is published in full in the present number of the *Examiner*, every reader will judge of its merits for himself. It was listened to by the audience with evident interest and pleasure. At the close of the exercises, the audience was invited to examine the laboratory, museum, and other rooms provided for the accommodation of the institution. The number of the regularly matriculated students at that time was 18, which has since been increased to 26, namely, 14 in the Junior, and 12 in the Senior Departments. This is regarded by the friends of the institu-

tion, and the Faculty, as a very satisfactory beginning. Dr. Titus Deville, the Professor of Anatomy, did not arrive from Europe until two or three weeks after the commencement of the term. On his arrival, he gave a general introductory to his course of lectures, which was listened to by a large and highly delighted audience. The lecture was elegantly written, and highly appropriate to the occasion.

This institution has thus fairly commenced its work, and taken its place among the permanent medical schools of our country.

RUSH MEDICAL COLLEGE.

The regular term of lectures in this institution commenced on the first Tuesday in November. The general introductory lecture was delivered by Prof. J. A. Allen, formerly of Michigan, and was listened to with pleasure by the audience. The lecture was beautifully written, but in sentiment advocated a strict adherence to the established system of medical college instruction, with all its defects and absurdities. The number of students does not vary materially from that of former years; and, we are glad to remark, an increase of one professorship, and the advantage that the students now possess of listening to a few lectures upon the important branch of Microscopy and its teachings by the Professor of Surgical Anatomy. As trivial as these changes and additions are, we cannot but regard them as an earnest of more important ones in the future. And, that the organization of a new and rival school, can but stimulate to further exertion, and a consequent increase of the number of students.

E. A. S.

THE CHICAGO MEDICAL EXAMINER

VOL. I.

FEBRUARY, 1860.

No. 2

ORIGINAL COMMUNICATIONS.

A Critical Lecture on the Extirpation of the Parotid Gland and its liability to malignant diseases. By Titus Deville, M. D., Prof. of Anatomy in the Medical Department of Lind University; Associate of King's College, London, and late of the Ecole Pratique of Paris, etc.

Mr. President and Gentlemen:

At the last regular meeting of the Chicago Medical Society, Dr. Wickersham, in a paper read by him, spoke of abscess of the parotid gland; to which I replied, by expressing my belief that there was no such disease, and that the salivary glands were almost exempt from morbid structural changes, only one disease being spoken of by sound pathologists, enchondroma, and which has its origin, I believe, in the fibrous tissue, and not in the true structure of the gland. What Dr. Wickersham supposed to be abscess of the parotid gland, was in reality either abscess of the lymphatic glands, one or more, *placed on, or imbedded in the parotid*, or one which had its origin in the areolar tissue. Since that time my attention has been directed to an article in the *Chicago Medical Journal* for this month, December, 1859, written by Dr. Brainard, entitled, "cases of extirpation of the parotid gland and other glandular tumors."

In entering upon this discussion I feel impressed with its serious nature, for I am fully aware of the professional reputation of the surgeon whose authority has been heretofore unquestioned in this section of the country, but I believe it the sacred right and bounden duty of every intelligent man in science to uphold truth and combat error. Those who have seen me either in the lecture room, in medical re-unions, or in private society, know that I vehemently oppose what I feel

convinced to be untrue in medical science, and if every now and then in the course of this lecture I am betrayed into an attitude and mode of expression which would appear to many of you, to whom I am unknown, as dictated by rank personal animosity, believe me, seriously, that you are in error, friend or foe I oppose with all my might and strength, so long as I feel assured that truth is supporting me. Whatever I undertake, I put my whole soul into it.

If I prove to your satisfaction that Dr. Brainard is in error, I plead that as an ample justification for a severe criticism, but if not, then I will agree that there are no terms sufficiently forcible for you to express your disapprobation. I would rather have met the discussion in another form, but from the great desire not in any way to implicate my friends, and for the reasons assigned by the President this evening, I felt there was no other course open to me. It would be mean to attack a little man, but a man of great reputation is a fair game, provided you can prove he is in the wrong, or else the crime is proportionately greater. It is by essays like this one of Dr. Brainard, that science is materially retarded. Ought not surgical science, at every turn, to receive an impulse from a man in such a position in the profession, rather than retardation. When such productions are read in Europe by hospital surgeons, what do they think of American surgery? They are led to cast grave doubts on peculiar cases which are reported, and which may nevertheless be perfectly true. The principles and practice of modern surgery must be supported by sober and undeniable facts.

I beg to enter my solemn protest against the deductions of the author as given in the article written by him, and openly avow that he displays in it an ignorance of the teachings of anatomy and sound pathology, that he is professing dangerous and erroneous doctrines in surgery, and advocating them to the profession. These remarks are to be understood as applying only to the subject under discussion, any other I shall not, at this moment, enter upon. I do not commence it for the sake of opposition; I have already strongly protested against these opinions, before I knew anything about Dr.

Brainard's views. Remember, Gentlemen, that we are living in the latter part of 1859. Dr. Brainard is at this time teaching these doctrines and promulgating them through his journal. Now this is a discussion of the very highest surgical importance to myself and to the profession, all I desire from you is to give me a fair hearing; for one of two things must naturally result therefrom, and on which I am content to take issue; either Dr. Brainard from henceforth falls from the high position he has so long held in these western states, or I must be ranked as a bold and ignorant impostor!

Now what are my especial claims to authority on this subject.

1st. I have carefully dissected the parotid region, scores of times, with the view of demonstrating the great difficulty of the *complete* extirpation of the gland, and the extreme danger of wounding parts which are *immediately essential* to the life of an individual.

2d. I have carefully studied the so-called diseases of the parotid, have seen several myself, but on extirpation have invariably found them to be a *diseased lymphatic gland, and not a diseased parotid*. I will admit that there may be cancerous infiltrations and ulceration extending to it from malignant disease in the immediate neighborhood, and also pus found in the ducts of the parotid. To doubt also that the parotid could take on inflammation would be erroneous, but if the elements of the parotid be inflamed, I believe it is by propagation and sympathy, and not as having origin in them.

3d. I have performed, witnessed or assisted in more than 2,000 autopsies, passed weeks in inspecting and studying the pathological collections of the Hunterian Museum of the Royal College of Surgeons, London, and the Musee Dupuytren, Paris. In connection with the Medical Societies of London and Paris I have seen an infinite number of morbid specimens, *but never one of the parotid, strictly so speaking*.

Before addressing myself in detail to the assertions put forth by Dr. Brainard, let me here briefly review; 1st, some of the more important points relating to the surgical anatomy of the parotid gland. 2d, a brief summary of the anatomy of the lymphatic vessels and glands found in the region of the parotid.

Fascia enveloping the Parotid. Superficial portion. This is continuous below and behind with the cervical fascia, and is usually an extremely dense layer, not only binding down the gland to the surrounding parts, but also sending septa into its structure, isolating its lobules and adhering closely to them, attached superiorly to the zygoma, anteriorly continuous with the fascia covering the masseter muscle. *Deep portion.* It is connected posteriorly to the mastoid process, the tendinous edge of sterno-mastoid and cartilage of ear; this portion is remarkably dense and so firmly adherent to the gland as to render its dissection very difficult when an attempt is made to extirpate the gland; anteriorly, it passes deeply to be connected with the styloid process and is continuous with the stylo-maxillary ligament, (which separates the parotid from the sub-maxillary gland) and also with the spheno-maxillary ligament; superiorly it is attached to the vaginal process, and thus it forms a pouch for the parotid, but the gland is so firmly attached to its fibrous sac, by means of the processes which separate the lobules, and also prolonged over the parts of the gland which insinuate themselves into the various recesses and interstices of the irregular parotidean cavity, as to render the total enucleation of the gland almost impossible.

The parotid moulded to the walls of the excavation in which it is received is of an irregular form. *External surface, or base* of the gland corresponds to the skin, it is of a somewhat irregular quadrilateral form, but a portion of the gland, '*socii parotidis*' is prolonged forward with the duct over the masseter muscle. The *anterior surface* of the parotid is grooved to receive the posterior border of the ramus of the jaw, and corresponds to the internal pterygoid muscle, stylo-maxillary ligament, and masseter muscle, on the external surface of which it is prolonged for a varying distance, separated from it by some areolar tissue, branches of the portio dura nerve and transverse facial artery. A process of the gland is prolonged between the condyle of the lower jaw and stylo-maxillary ligament, *lying around the internal maxillary artery.* The *posterior surface* of the parotid corresponds to the cartilaginous portion of the external meatus, upon the convexity of which it is

moulded, and to which it is connected by dense areolar tissue and also to the mastoid process, sterno-mastoid and digastric muscles. *Superiorly* the parotid is in relation with the zygoma and temporo-maxillary articulation. *Inferiorly* it fills up the space between the angle of the jaw and the anterior border of the sterno-mastoid muscle. It here comes in relation with the sub-maxillary gland, but is separated from it by the stylo maxillary ligament. The *internal or deep surface* of the parotid is very uneven, it fills up the posterior part of the glenoid cavity and the space between the ear and ramus of the jaw; it surrounds the styloid process and the muscles which arise from it, and passes down between the styloid process and pterygoid muscles, and is only separated from the pharynx, and internal carotid artery, as well as the internal jugular vein, also the spinal accessory and glosso pharyngeal nerves by a comparatively thin layer of areolar tissue, and a little deeper lie the pneumo-gastric, hypoglossal and great sympathetic nerves. In addition to these relations which it bears to the parts by which it is surrounded and limited, the parotid has important relations to vessels and nerves which pass through its substance. 1st. The external carotid artery traverses the gland from below upwards and on its inner side, giving off in its course the auricular anterior and posterior, with other small branches, and dividing in its substance into the internal maxillary and superficial temporal. 2d. The temporal and internal maxillary veins, which uniting in the substance of the parotid, form the trunk of the external jugular, which is joined by the posterior auricular and transverse facial veins; also there is a branch of communication between the external and internal jugular veins which traverses the parotid. 3d. The trunk of the facial nerve is found to divide in its substance into several branches, the superficial temporal of the inferior maxillary nerve traverses it, also the great auricular, but more superficial.

To any one who may be skeptical of this anatomical description, I will demonstrate its truth on the dead subject in the dissecting room of our Medical College.

2d. *Lymphatics.* The lymphatic vessels which course towards the parotid and traverse it, open into the ganglions of

the upper part of the neck and come from several sources.

1st. Those from the anterior third or half of the scalp pass vertically to connect themselves with one or two ganglions situated near the summit of the gland.

2d. Those from the eye-brow and the external portion of the eyelids, the skin over the cheek and parotid region open into ganglions situated in the thickness of the parotid, and in general so small that it is difficult to discover them, unless the lymphatic vessels are injected and traced to their termination.

3d. Those lymphatic vessels which come from the external surface of the pinna of the ear converge towards a ganglion in front of the tragus, which is generally very apparent.

4th. Those which come from the helix, and all the internal or posterior surface of the pinna, turn round the external meatus to empty themselves into two or three ganglions of variable size, which are situated on the inferior part of the posterior border of the parotid.

All these ganglions are the *superficial set*, and lie beneath the fascia, but there are others, two or three in number, which are situated deeply behind the external carotid and along its course. They exist constantly and are generally very small. M. Huguier (*Gaz. des Hopitaux*, 1849, p. 97.) describes ganglions beneath the parotid, between the styloid muscles. These deep ganglions, according to Theile,* receive the deep lymphatics of the face, buccal region, soft palate and its pillars.†

I shall divide my authorities into three classes.

1st. To the most eminent anatomical authorities for the decision as to whether the extirpation of the parotid gland is a practicable, safe and easy operation or not.

2d. To the greatest surgical authorities to decide as to whether they have ever seen a case of diseased parotid, or not.

3d. To the records of pathological museums and the testimony of the most reliable authorities in pathology, are reserved the proofs of the non-existence of malignant disease of the parotid.

* *Encyclo. Anatomique Allem* ; trad : par M. Jourdan.

† I am much indebted to the *Encyclopaedia of Anatomy and Physiology*, the descriptive Anatomy of M. Sappey, on these points.

The first two lines of Dr. Brainard's paper read thus: "The possibility of removing the whole of the parotid gland by operation is hardly called in question by intelligent surgeons."

In reply, I will not deny the utter impossibility, but I contend that the entire removal of the parotid gland is doubted by the most intelligent anatomists and surgeons, with whom I coincide, and it is an operation which Dr. Brainard would not willingly undertake.

In the first place, I beg to refer you especially to what has been already stated by me, respecting the surgical anatomy of the parotid gland. I submit that I have therein given clear proofs that the *entire removal* of the parotid must be a most dangerous operation and most difficult of execution.

1st. From the form and manner in which the gland is attached to its fibrous envelope, from the extreme irregularity of the gland, and from the many processes which insinuate themselves in the interstices of important parts difficult to reach, rendering its complete enucleation almost impossible.

2d. Recollecting that the external carotid artery and its branches, the external jugular vein and its tributaries, together with the branch of communication between the external and internal jugular veins would almost of necessity be cut in such an operation, the frightful amount of hemorrhage which would ensue, proceeding from the bottom of a deep, narrow and irregular wound, the almost insuperable difficulty of controlling it, would make the boldest surgeon hesitate before attempting such an operation.

3d. Lying immediately beneath the parotid gland, and only separated by a comparatively thin layer of areolar tissue, is the internal jugular vein and internal carotid artery, the eighth and ninth pairs of nerves, together with the grand sympathetic, any injury to which would place the life of the patient in the utmost jeopardy.

Let us quote a few anatomical authorities on this point.

1st. *Cyclopædia of Anatomy and Physiology*. Vol. 3, p. 904.

Article, "*Parotid region*." Several lymphatic glands are found imbedded in the superficial surface and in the substance of the parotid. These may readily be distinguished from the tissue of the parotid by their red color.

They are not uncommonly the seat of disease, and if their removal becomes necessary, the operation may be done *without much difficulty and without great risk of wounding any important features*. But a slight consideration of the deep connections of the parotid and of its close relations to the many important parts which pass through it and by which it is surrounded, will be sufficient to convince the surgeon that the removal of this gland cannot be effected without extreme difficulty and danger, and that it must necessarily be attended by injury to some of the more important parts in this region."

2d. A treatise on Surgical Anatomy of the head and neck, by Allen Burns. (2d Edition, p. 125.)

"The parotid gland is sunk so deep, and is so firmly locked in between the ascending plate of the lower jaw, and the mastoid process, that when it becomes diseased, the patient cannot open his mouth, and from the effect of the fascia, the tumor is flat; *its extirpation is quite out of the question; its impracticability* is proved by reviewing the connections of this gland; whoever has, in situ, injected this gland with mercury, and then, even where it was healthy and free from preternatural adhesions, and limited to its natural size, has tried to cut it out, would be convinced, when he saw the mercury running from innumerable pores, that the gland extends into recesses into which he could not trace it in the living body; if this be true in health, what must it be in disease, where the parts are wedged and niched into every interstice around? Those who assert that they have extirpated the parotid gland, have, I am fully convinced, mistaken that little conglomerate gland, which lies imbedded in its substance, and which does sometimes enlarge, producing a tumor resembling a diseased parotid for the parotid itself."

3d. A treatise on Surgical Anatomy, by Abraham Colles, Professor of Anatomy and Surgery to the Royal College of Surgeons, Ireland. (Part 1st, p. 115.)

"*May not the chronic enlargement of some of these lymphatic glands have been mistaken for a schirrus of the parotid itself, and the removal of such by the knife been boasted of as the extirpation of the parotid gland?* When you contemplate the nerves and blood vessels which pass through the substance of this gland, and also the depth to which it sinks, as it is imbedded between the ramus of the lower jaw and the mastoid process of the temporal bone. When you reflect on the very firm and almost inseparable attachment of the gland to these parts, *you will be very tardy in giving credit to the stories of extirpation of a schirreous parotid gland*. The depth to which this gland sinks is such as renders it difficult, on the dead body, to dissect out that portion which lies between the temporal and lower maxillary bones; and this, with the advantages of having the skin previously stripped off, and the view undisturbed by any hemorrhage. When such difficulties occur in the dead, how can we hope to surmount those which must be superadded in the living body? We shall, however, find still stronger objections to this operation than those which arise from these difficulties. We shall find it attended with such unavoidable destruction of important parts as must render the attempt *most certainly fatal*. First, the portio dura of the seventh pair of nerves must necessarily be cut across; a paralysis of this side of the face would be an inevitable consequence of the division of this nerve. The termination of the external carotid, which is yet to give off the temporal

and internal maxillary arteries, enters into the lower extremity of this gland. Unless this be tied before the lower part of the gland is raised, *a violent hemorrhage must instantly carry off the patient.* The difficulty of dissecting down to this artery, and then passing a ligature round it, need not be pointed out to any one who reflects that it passes from under the digastric and stylo-hyoid muscles, as it is about to enter into this gland. Some, aware of the danger and difficulty of this part *of their supposed operation,* assert, that they finished the removal of the parotid by tying a ligature round this portion of the gland, and thus causing it to slough away. But, granting for a moment, the practicability of this step yet it must appear inconceivable how they could dissect out even the upper portion of this gland. For, independently of its position, and the depth to which it sinks between the temporal and lower maxillary bones; independently too of the embarrassments which must attend the hemorrhage from the unavoidable division of many small arteries and large veins in the first steps of the operation, the surgeon has to cut across the trunk of the internal maxillary artery; for this artery passes off from the continued trunk of the carotid completely across the substance of this gland. So that this gland cannot be detached from one half of the ascending ramus of the lower jaw, without the certain destruction of this artery. The end of the divided vessel shrinking in under this bone *cannot afterwards be secured by ligature or by compression.* Should the operator leave behind him any part of the scirrhous gland, he must be aware that his operation will be followed by a return of the disease. If to avoid this error, he should dissect at all deeper than the seat of the upper part of this gland, *he will almost inevitably wound the trunk of the internal carotid artery,* which runs anterior to the root of the styloid process, *or of cutting into the internal jugular vein,* which runs immediately behind this process."

4th. The Surgical Anatomy of the Arteries of the human body, by Robert Harrison, Professor of Anatomy and Surgery University of Dublin, Surgeon to Jervis Street, Hospital. (4th Edition, p. 72.)

"First divide the parotid duct and its accompanying arteries and nerves, and raise them, together with the anterior part of the gland, from the masseter muscle and ramus of the jaw; turning this portion of the gland backwards towards the ear, next divide the temporal vessels, and detach the gland at its superior extremity, then separate it from the cartilage of the ear, from the mastoid and digastric muscles, dividing the portio dura nerve; *the circumference of the gland is thus completely loosened,* and now if the student grasp it firmly with a view to twist or tear it out of its situation, *he will find it very difficult to do so; he may even raise the head of the subject from the table, or break the gland, before he can dislodge it from the deep recess into which it extends itself.* He may observe that it fills the glenoid cavity between the capsular ligament of the jaw and meatus auditorius; on drawing it out of this cavity, a process of the gland is seen to pass inside the ramus of the jaw, *with the internal maxillary vein and artery, between the bone and internal lateral ligament,* and to touch the inferior maxillary nerve; this process often swells out between the two pterygoid muscles into a considerable mass, connected like a distinct lobe to the body of the gland, by the narrow neck that passes on the inside of the ramus of the bone. When this has been dissected out of its situation, and the gland drawn towards the neck, a thick portion of it is seen sinking in between the mastoid process of the temporal bone and the angle of the jaw, and resting on the styloid

process, around which it is completely folded, so as to come in contact with the great vessels and nerves at the base of the cranium; to this part of the gland the student should pay particular attention; if both veins and arteries have been injected, he may perceive the proximity of the great jugular vein, as well as of the internal carotid artery; as the gland passes behind the styloid process, it touches the *vein, the eighth and ninth pairs of nerves*, whilst anterior to this process, it rests on the *internal carotid artery and sympathetic nerve*; this portion of the gland is also extended above the stylo-maxillary ligament, and is attached to the internal pterygoid muscle, where it enlarges very considerably; the manner in which this deep lobe of the gland is thus impacted between the styloid and mastoid processes, and again between the styloid process and the angle of the jaw, explains the difficulty of tearing it out of this situation, as some authors have advised in the operation of extirpating this gland, in cases of its enlargement and disease. Before the student proceeds with the dissection of the internal maxillary artery, let him again consider the numerous connections of the parotid gland, let him open the anterior or superficial lobe of it, and expose the ramifications of the facial nerve, and the branches of the external carotid, also the large veins which descend from the temple to meet the great trunk of the internal maxillary, which comes from within the ramus of the jaw; let him reflect on the serious injury that must be inflicted in attempting to remove even this part of the gland, which, however, is comparatively easy to that of the deeper portion, and which can only be accomplished with safety in the living subject, by proceeding with the greatest caution among such important parts, an injury of some of which must be almost certainly fatal. When we consider these natural impediments to the extirpation of this gland, and how these may be increased by disease, and when we take into consideration also, that malignant disease of this gland is very rare, it is impossible not to question the correctness of many of those superficial accounts which are written of the extirpation of this gland as of an ordinary tumor. Although the parenchyma of the parotid gland is not very subject to malignant disease, yet tumors of this character not unfrequently arise in its cellular tissue, or in some of the lymphatic glands which lie along its inferior border, or which are imbedded in its substance: when a tumor of this nature increases in size, its pressure will cause the absorption of the parotid, whose situation it will thus come to occupy, and whose form it will resemble. My own experience, however, will enable me to say, that such a tumor, even when possessed of considerable size, will admit of removal with less difficulty and danger than the parotid gland, even in its healthy state, for it will generally be found invested with a capsule, which will enable the operator, when once it has been fully exposed and loosened, to tear it from many of its connections, and thus to dispense with the knife; such tumors, too, are seldom traversed by the facial nerve, or by the external carotid artery or its branches, nor are they so intimately connected to the deep vessels, nerves and muscles of this region as the parotid is, nor as might be previously apprehended."

The learned author then refers to Allen Burns as an authority, giving the same quotation to which I have already drawn your notice.

5th. *Traite d'anatomie topographique, ou Anatomie des Regions du corps humain*, par Ph: Fred Blandin, Professor of Anatomy, etc., Surgeon to the King. (2d Edition, p. 188.)

"Schirrous tumors of the parotid region may arise from the parotid, but

we must avow that they are nearly always situated in the lymphatic ganglions which immediately lie on this gland. The influence of these enlarged lymphatic glands on the parotid is very great and remarkable, they compress and push it inwards, and atrophy it more or less completely, often even the new state which this gland assumes might lead to the belief that it had been extirpated in an operation, but it rests behind untouched. Besides, the anatomy of this region shews us clearly the gravity of such an operation, all the deep parotidean nerves are inevitably destroyed, above all, the facial. There will be of necessity a large number of vessels cut by the extirpation of the parotid, above all, the trunk of the external carotid artery from whence a startling *foudroyante* (thunder-bolt) hemorrhage is to be feared, hemorrhage which demands the special attention of the surgeon, and against which he ought to be ready prepared. To diminish the fear from this hemorrhage, and to obviate the accidents which may occur from the section of the external carotid, Berard proposed to tie the external carotid below the parotid before commencing the operation of extirpation. This plan ought always to be adopted on principle to prevent a frightful hemorrhage, and give the surgeon time to effect the most difficult ligatures; above all, that of the internal maxillary artery, which plunges beneath the neck of the condyle of the lower jaw. Notwithstanding the ligature of this artery it still continues to bleed from the numerous communications of its anastomotic branches.'

6th. *Traite d'anatomie descriptive*, par J. Cruveilhier, Prof. d'anatomie, Paris, (3me Edn., Tome 3me, p. 256) in a foot note, says:

"These relations (of the parotid) prove to us the almost absolute impossibility of the extirpation of the parotid by a cutting instrument."

7th. *Traite pratique d'anatomie Medico-Chirurgicale*, par M. A. Richet, Professeur agrege a la faculte de Medicine de Paris, Chirurgien de l'Hopital, St. Louis, etc. etc. (1857, p. 392.)

"*Surgical and Pathological Deductions.* Of late years the question of the complete extirpation of the parotid, when it has become cancerous, has been much discussed. In a thesis of concours in 1841, A. Berard affirmed in the positive, citing for the support of his opinion several observations which appeared to him to establish beyond a doubt, that it had been done. According to this able surgeon, the external carotid artery and facial nerve are necessarily cut, and establishes their section as a criterion whether the extirpation of the parotid has been complete or not. The anatomical description I have already given appears to me to be a strong presumption *against the possibility of this operation*, and taking them into consideration I cannot agree with A. Berard. In effect, I do not think that any one can maintain that the extirpation of the parotid is an easy operation *when practised on the dead body, and even when the gland is in a perfectly healthy state*. All persons who have been tempted and have essayed the operation on the dead body with the view of studying the parotid excavation, avow that it is very long and very difficult to enucleate all its prolongations, which insinuate themselves in the intervals which are left between the muscles, which form the walls, and above all, if one would respect the important neighboring organs. What will it be, when these difficulties are joined to the flow of arterial and venous blood, the movements of the patient, *the pathological softening of the glandular tissue, which always propagates itself, more or less, to the neighboring parts*. All these circumstances, *singularly complicate the operation on the*

living, which all the ability and coolness of the surgeon cannot clear away. For the support of these opinions I will cite two facts which appear to me to cut the question better than all reasonings. In the first, I find even in the thesis of A. Bernard himself he gives a case in which Beclard proposed to extirpate the parotid, and who died, happily for the surgeon, some days before the epoch fixed for the operation. M. P. H. Bernard dissected the tumor and found that it sent a prolongation which introduced itself into the internal jugular vein. Mr. Bernard says, 'we may conceive the embarrassment where such a complication existed, and which no one could know beforehand, would throw the surgeon, but is this a reason to always reject the operation?' M. Richef replies, 'No, without doubt it is not a reason to reject it altogether, but it appears to me to be sufficient to cause always hesitation even in the boldest surgeon, and above all, to cause us to reject in principle the complete extirpation of a diseased parotid. The second case carries equally with it this conviction. I had under my care a patient affected with an enormous tumor of the parotid capsule, who had been under homoeopathic treatment for it, during six months, in the Hospital St. Marguerite. This poor unfortunate suffered most atrocious pain, which left him no repose neither day or night, he could scarcely open the jaw to swallow small quantities of food, he supplicated me every day to operate upon him, as some persons had deemed it practicable, but I took good care not to be tempted, dreading to meet a complication of the kind which occurred to Mr. Bernard. Some weeks after his entry the patient died in a state of emaciation difficult to imagine. Wishing to do the operation as I should have done it on the living, I proceeded to the extirpation of the parotid, but I was not long in discovering that it was, even here on the dead body an impossible enterprise. The parotid was entirely converted into a half solid substance of cream-white color, nearly liquid in the centre, it was only with an upward or downward that I succeeded in completely encircling it from its pouch, and even then, when I thought I had removed it all, I found beneath the internal pterygoid, between the styloid muscles, and all around the internal carotid artery, the pneumogastric and great sympathetic nerves productions of the diseased tissue, which I could not detach but with the handle of the scalpel. Certainly it would not have been possible to extirpate it on the living, without wounding these organs, and I applauded myself in having resisted the supplications of the patient. For all these reasons, I think, contrary to the opinion of A. Bernard, that the extirpation of a degenerated parotid is an impossible operation. Moreover, it appears that this able surgeon, has without his seeming to know it, felt the difficulty of sustaining the discussion on this ground, for after having given the different proofs in support of his views, (at p. 220,) Bernard adds, 'it is not the question to determine whether a cancerous tumor of the whole parotid can be extirpated, but only to prove that all the morbid mass may be withdrawn from the cavity which it occupies.' To which Richef replies, 'without doubt that is the true question, and he cannot put it otherwise than to avow, that under its first form it is not susceptible of a satisfactory solution. It does not appear to me admissible, in truth, that any surgeon who should know beforehand that the cancer occupies all the parotid, even until it has comprised the portion which lies on the pharynx, internal carotid artery, internal jugular vein, and the pneumogastric nerve, would dream to attempt such an operation. Thus, reduced to its true limits, the question of the extirpation of the parotid is nothing more than an affair of appreciating each particular case, and that is a matter which neither reasoning nor facts can determine beforehand in an absolute manner. Surgical anatomy has incontestably shewn the difficulty, I will say the almost impossibility of extirpation of the whole of the

parotid gland on the living, it is then in the hospital clinique where this question can alone be decided. Relative to the observations collected by A. Berard, as cases of the extirpation of the parotid, where the external carotid artery and facial nerve have been conserved, they prove nothing else than this, the knowledge that the operator had penetrated deeply, and extirpated the greater portion of the gland. But far from serving as a rule, such cases are only exceptional, and to sum up in one word, I think that a prudent surgeon in presence of a cancerous tumor of the parotid ought to abstain, if he is not sure that the degeneration not only does not occupy the entire gland, but a portion very restricted and perfectly limited.

The second point in Dr. Brainard's paper to which I call your notice, is contained in the following words, "might not the possibility of removing the whole of the thyroid body, or of the lower jaw, be denied with equal reason."

I contend that the cases are not parallel, the removal of these parts though they would necessarily be attended with a great loss of blood, yet the hemorrhage could be more easily controlled, and there would not be such a liability to wound parts which are important to life. In the extirpation of the thyroid body, the four branches of the superior and inferior thyroid could be tied before commencing the operation, with comparative facility; but supposing the internal jugular vein and internal carotid artery, which are necessarily endangered by the complete extirpation of the parotid, were wounded at the bottom of the parotidean space, I think it would be almost impossible to control the hemorrhage. In the case of the lower jaw, the facial, transverse facial and internal maxillary arteries and veins would be cut across, but it would be in a large open wound, and ligatures could be applied with no great difficulty.

3d. An important admission, to which I call your especial notice, is found in these words: "Some who were forced to admit the removal of the gland, still contend that it has been done rarely, and deny that most of the cases reported as such refer to the gland at all. Velpeau, in his operative surgery, and Beclard in his thesis, seem to cast doubt upon all those cases in which no great hemorrhage occurred, and in which the face was not paralyzed."

You have already heard quoted the eminent anatomical authorities as to the non-practicability of the extirpation of the parotid, I now come to my second class of authorities, those of the most eminent surgeons of modern times, to decide as to

whether they have ever seen a case of diseased parotid or not. Their opinions are entitled to the very highest consideration, and are in my belief conclusive.

* 1st. Professor Fergusson, of King's College, my old teacher, says, in his *Practical Surgery*, p. 412:

"Twenty years ago it was more the custom to speak of tumors of the parotid than it is in the present day, and for my own part *I cannot say that I have seen a single unequivocal case of the kind*. I have seen many swellings in the seat of the parotid, and have removed many with my own hands, but have invariably noticed that these were, to all appearance, developed in a lymphatic gland; when small, the parotid was slightly compressed or perhaps turned aside; and when large, most of it had disappeared."

2d. The late Professor Liston, of University College, (2d American Edition, p. 326.)

"The tumors *over the* parotid, and behind the ramus and angle of the jaw deserve some notice. These, whether enlargements of the lymphatic glands, or adventitious formations, are bound down by a strong condensed cellular sheath or fascia, and also by the fibres of the platysma-myoideus which pass upon the side of the face. This growth is equally extensive among the deep-seated parts, as it is prominent externally. The parotid gland is displaced and absorbed; the diseased mass is imbedded in its substance, and ultimately occupies its place. The vascular supply is abundant, and the nerves become intimately attached to the posterior surface of the condensed cellular cyst. The tumor is firmly fixed in all ways, by its strong investments and firm adhesions, and by its being, as it were, dove-tailed by its processes between the bones. Sometimes, after the removal of tumors of long standing in this situation, I have often exposed the whole cavity betwixt the mastoid process and the ramus of the jaw, the styloid and pterygoid processes, muscles, etc."

3d. Druitt, the best English commentator on Surgery, in his *Surgeons' Vade Mecum*, (7th Edition, p. 475.) says, speaking of parotid tumors:

"This name may be assigned to those tumors which occur in front of the ear, *over the parotid gland*. Cysts of various sorts, filled with glairy matter or with blood; enchondromatous tumors, pure, or mixed with newly developed gland tissue and enlarged lymphatic glands, are the commonest; cancer may also be met with. Such tumors may of course involve the facial nerve; the facial artery, or the external carotid, or may extend inwards to the pterygoid and styloid processes. 'If there be reason to suspect' says Mr. Liston, 'that the disease is of a malignant nature, and not thoroughly limited by a cellular cyst, no interference is admissible. If, on the contrary, it be at all moveable, has advanced slowly, possesses a smooth surface and is firm, (neither of stony hardness, nor pulpy,) then an operation may

* Dr. Brainard has very ingeniously introduced the name of Prof. Fergusson in his article, which might lead an unwary reader to the inference that this distinguished operator lent the sanction of his high authority to such proceedings. After speaking of the division of the facial nerve, in connection with the extirpation of the parotid, he writes thus: "Mr. Fergusson says that in a case in which he divided the facial nerve, the paralysis became after a time, much less conspicuous than at first."

be contemplated' If slowness of growth and capability of being *moved freely* concur, the surgeon should remove such tumors; keeping his knife close to the tumor, especially at its deep part, so that it may not divide the nerve or artery, if possible. Sometimes, however, they may be so involved that their division is unavoidable. The patient should always therefore be warned of the possibility of facial paralysis after the removal of one of these tumors."

4th. Velpeau's Operative Surgery, (Amer. Edition, p. 15,) speaking of parotid tumors, he says:

"I will say only in anticipation, that those tumors formed by the parotid gland, of which so much has been said, *have all of them*, or almost all of them, for their basis or point of departure *the lymphatic ganglions* properly so called. It is from having frequently ascertained the truth of this position that I take the liberty at the present time *to affirm it positively.*"

Again, (at page 446,) he cites fourteen cases of supposed extirpation, all at that time known to him in England, Germany, France, etc., he sums them up thus:

"Appreciation of the facts. The question whether we may or may not extirpate the parotid gland in its totality, appears to me to have been incorrectly stated. The salivary glands, including with them the parotid, scarcely ever degenerate. The tumors that have been removed under their name almost all belong to other tissues and to other organs. Even in the substance of the parotid itself there are a great number of lymphatic ganglions. These ganglions when they swell become fungous, tuberculous and cancerous, and are transformed into bosselated tumors, which spread out, flatten, and disorganize the glandular tissue, and lead to misconceptions of the real character of the parts which are extirpated. I have performed extirpations of this kind at least **twenty** times, to such extent *as to lay bare the whole parotid cavity*, and to be afterwards under the necessity of submitting the tumor to a careful dissection, in order to satisfy myself that the ganglions, rather than the glands, had been the source of the disease. I have, moreover *encountered in this region* meliceromatous, lipomatous, fibrous, melanotic, encephaloid, and other tumors."

I could go on citing eminent authorities, amongst others of which I name the Professors of the University of Edinburgh, but enough has been said to prove my assertion.

And now, Gentlemen, let me adduce, if it be possible, still stronger proofs *and which appear to me to be unanswerable*; my third class of evidence, viz: the records of pathological museums, and the testimony of the most reliable authorities in pathology, and these are of the utmost value.

1st. Because the records of museums have been collected by generations of the most eminent surgeons and pathologists.

2d. Because pathologists have not only the light of their own experience to guide their judgments, but those of the specimens to be found in all the great museums of Europe, and

the reports of all well authenticated pathological observations.

1st. Manuel d'anatomie pathologique generale et appliquee, contenant la description et la Catalogue du Musee Dupuytren, par Ch: Houel, Conservateur du Musee, etc., etc., (1857) at page 668, speaking of enchondroma, he says: "these pathological productions may arise in the hard or soft parts, we find they arise *in the areolar tissue*, we meet with them particularly in the glands, and they are found in the parotid, the testicle and the mamma, but the most common is in the region parotidean, and often even the cartilaginous mass is contained in the middle of a fibrous mass, more or less considerable."— (Vide preparation No. 23, Musee Dupuy: presented by M. Nealon, which shows well this condition.) A case is reported by M. Richet, (Soc. de Chirurgie Bull. Tome v., p. 88) where a patient died twelve days after the operation on a cartilaginous tumor of the breast, the lungs were found to contain many small cartilaginous tumors, varying in volume from that of a pea to a nut, and even beyond. Mr. Broca, in the discussion which followed, sought to establish the possible hereditary nature of enchondroma, citing in proof a case reported by M. Paget, the specimen of which is conserved in the Museum of the Norfolk and Norwich Hospital."

You see, Gentlemen, the existence of enchondroma is here denied as having origin in the glandular substance of the parotid, and they may be found in any part where fibrous tissue abounds. Is there any other disease whatever of the parotid gland spoken of in this work. *Not a single word.* Let us turn to the Catalogue of the Museum Dupuytren, and at page 778 what do we find.

Preparation No. 23, to which allusion has already been made. Enchondroma of the parotid, one specimen only. (Nealon.)

No. 24. Tumor, probably hypertrophy of the parotid.

Model in Wax!

No. 25. Cancerous tumor of the parotid.

Model in Wax! (Ruffin.) Italian!

No. 26. Cancerous tumor of the parotid.

Model in Wax! (Sabatier.) Italian!

Is there any other preparation of diseased parotid. Not one!

How comes it that some surgeons in Paris speak of cancer of the parotid, and not a real one to be found in their great pathological museum? The inference is that they were mistaken in their real nature, that they were connected with the lymphatic glands, and on being referred to Robin their eminent pathologist and microscopist, were rejected. It is the custom in Paris to refer all tumors to his inspection. The older professors have ignored the use of the microscope, and it is only quite recently that Mr. Sappey has placed in the Musée Orfila, microscopical preparations. This anomaly will soon cease to exist before the 'jeune école' of France, as it is called, which numbers men of the most enlightened and cultivated talents in pathology, such as Lebert of Zurich, Robin, Broca, Verneuil, Hovel, Follin, etc., all of whom are determined at every opportunity to shed light on pathological anatomy, by microscopical investigations.

2d. Catalogue of the Museum of Wm. Hunter.

Not one word of any preparation of diseased parotid whatever.

3d. Pathological Anatomy, by Dr. Wilks, in illustration of pathological collection of Guy's Hospital, London, 1859, at p. 261.

"The salivary glands come next in my list, but I have not many morbid specimens of these to show you. Here is a specimen of calculus (No. 1784¹⁰ in the museum) from the sub-maxillary gland, the obstruction of the duct of which you know is one cause of ramula. From the same cause in Stenos' duct you may have salivary fistula, all of which affections you will hear of from the surgeon. Amongst the new growths affecting these glands is the fibro-enchondroma of the parotid, (No. 1784²⁵ in the museum.) *One* specimen only. I do not think it is clearly made out where such disease first begins, although the glands are more or less involved. I have already alluded to this form of tumor in my first lecture."

This is the end of diseases of salivary glands, and not another word is said.

4th. Principles and Practice of Medicine, by Prof. J. Hughes Bennett, Edinburgh, 1859. (p. 200.)

"Cartilagenous growths were first described by Muller, under the name enchondroma. In the soft parts they are surrounded by an envelope of cellular tissue, and in the bones by a bony capsule. In the first case, they occur, although very rarely, in the glands, as in the parotid or mamma. In the second case they are most common in the bones of the extremities. The tumors may be round and smooth, or rough and nodulated from several of them being accumulated together. Though hard to the feel, they often present a peculiar elasticity. They crunch when cut with the knife,

usually present a smooth, glistening surface, and are not unfrequently more or less soft, pulpy, gelatinous, and even diffuent in some parts of their substance."

Again, at p. 202, "Enchondromatous tumors are continually mistaken for cancerous growths, a fact pointed out by Muller."

5th. *Paget's Surgical Pathology.* Mr. Paget was called by the council of the Royal College of Surgeons, London, to give a course of lectures in illustration of the pathological collection of the Hunterian Museum, the largest in the world. He not only drew attention in this course to the specimens contained therein, but also to those of other large museums, more especially to that of St. Bartholomew's Hospital, with the Medical School of which he is connected as Professor. He also refers to all the most reliable authorities in Europe. Let us now quote him. (p. 37, vol. 2.)

Serous Cysts. "In situation, too, they are various. In some cases they lie in front of the neck; in others; at one or both sides: they may lie by the lower jaw, *over the parotid*, by the clavicle, or anywhere or everywhere in the mid-spaces. And in any of these situations, they may extend very deeply, among the structures of the neck, and may adhere to them so closely, and may so thinly cover them as scarcely to conceal them when laid open. Their date of origin is very obscure. In many, perhaps in the majority of cases, they appear to be congenital; but they may be first observed at any later period of life. Last year, Mr. Lawrence removed a collection of four large cysts *from over the parotid gland and mastoid region* of a man, 23 years old, who had observed their beginning only seven years previously. Three of these were filled with serum, and one with pus."

Again, P. 49, Vol. 2. "In the parotid gland also, cysts containing fluid blood have peculiar interest. In 1848, I assisted Mr. Stanley in the removal of one which lay quite within the parotid of a gentleman about 40 years old. It had been for some years increasing in size, and lay beneath some branches of the facial nerve, from which the need of separating without injury made its removal very difficult. This, however, was safely accomplished, and the patient remains well. At nearly the same time, a man, 25 years old, was under my care with a similar cyst, which had been increasing without pain for two years. It lay in the parotid, but very near its surface. I punctured it, and evacuated two or three drachms of bloody-looking fluid, with some grumous and flocculent paler substance intermingled. This fluid coagulated like blood, and contained blood-cells, much free granular matter, crystals of cholestearine, and what appeared to be white corpuscles of blood acquiring the character of granule-cells. The cyst filled again with similar fluid after being thus evacuated. I therefore dissected it *from the parotid gland*, and the patient recovered."

At p. 201, vol. 2, of the same author.

Cartilaginous tumors *over the parotid*. "The only remaining instances of cartilaginous tumors to which I shall refer are those that grow *near the parotid*, or much more rarely, *near the sub-maxillary gland*." Again, p. 204. "Such are the most general character of these cells; *but they are apt to vary from them*, being more angular, or bearing processes, or being attenuated or

caudate. *Even, if we may consider them as imitating gland structures, yet it may be a question whether they are related to the adjacent parotid, or to lymphatic gland.* It would be easy to discriminate between the elements of the parotid and of a lymphatic in their natural state; but a morbid imitation of either of them may deviate far enough to be as much like the other. And it is well to remember that these tumors have *exactly the seats of naturally existing lymphatic glands, and are often closely imitated by mere enlargements of these glands*; so that, possibly, future researches may prove that they are cartilaginous tumors growing in and with a lymphatic gland, over or within the parotid, or sub-maxillary gland."

P. 397. "A firm medullary tumor was seated deep in the substance of a young woman's parotid gland. Its removal with the knife could not be safely completed; about a fourth part of it was left behind, and the wound was left to heal in the ordinary manner. It healed quickly, enclosing the remains of the tumor; but after some time all the appearance of swelling subsided, and no renewed growth ensued till after a lapse of three months, when it was renewed, but not more rapidly than before."

Mr. Paget, you see, as I have already told you, says not one word in the whole of his work on diseases of the parotid gland, even enchondroma, which I admitted he throws very great doubt upon, and calls them *cartilaginous tumors over the parotid*. Mons. Houel, denies it "in toto," and says it has its origin in the areolar tissue. With the extensive means of illustration at Mr. Paget's command, he does not bring forward one case of malignant disease of the parotid. If neither museums, nor the soundest pathologists can furnish evidence of its disease, what rational conclusion can you come to, *otherwise than that they have no existence*.

In former editions of Dr. Druitt's "Surgeons Vade Mecum," he speaks of malignant diseases of the parotid, but in the later ones he carefully abstains from it, by calling them *diseases over the parotid*. It may be asked, why have I quoted some anatomists who belong to the past generation, and not any of the older pathologists, some of whom have an undoubted reputation? The reason is clear, simple and obvious. Since the days of Blandin and Colles, surgical anatomy has made *comparatively* but little progress, whilst pathological anatomy has made more rapid and brilliant strides than any other branch of medical science. To the microscope we are much indebted for clearing up the doubts which have so long existed as to the nature of morbid growths, by demonstrating their elementary structure. Of the works in pathology that I have quoted, the oldest is Paget, beyond which it would not be safe, in the present day, to refer as an authority.

4th point to which I beg to draw your attention is the following remark by Dr. Brainard: "M. Malgaigne, in his report to the Imperial Academy of Medicine, Oct. 26th, 1858, admits that in certain exceptional cases, on account of anomalies shown by dissections, the parotid gland may be completely removed without wounding the external carotid artery or the trunk of the facial nerve. This conclusion was sustained by the Academy. M. Naegale, as quoted by Velpeau, affirms that in the dead subject the gland may be dissected away without wounding the trunk of the nerve, and that he has removed it in the living without causing paralysis." In reply, I will admit that there are *in rare cases* some differences from the normal relation which the gland bears to the external carotid artery and facial nerve, but is any surgeon to take them into consideration when proposing to operate in this region? Are they frequent? For my own part I never met with such anomalies, and Mr. Malgaigne, (*Traite d'anatomie Chirurgicale*, 2me Edn., Tome 1er, p. 799,) admits that Mr. Sappey, the most distinguished French anatomist, never met with a case in which *the external did not pass through the substance of the parotid*. The Academy of Medicine could also sustain with equal truth, that the external carotid itself *has been known to be entirely wanting*.

5th point. Dr. Brainard next refers to a case of cartilaginous exostosis, published by him in the *American Journal of Medical Sciences*, Oct., 1853, and the entire removal of the parotid "there is no room for doubt." On reading the paper, the only reference to the parotid is given thus: "The parotid gland had been *partially obliterated by pressure*, and no trace of it now remained."

He admits then, he did not remove it; at least, that is the conclusion I draw.

6th point. He says, "If A. Cooper, Beclard, Larrey, Warren, Mott, McClellan, and the scores of surgeons who, knowing the controversy on the subject, have reported operations of the kind, are not to be credited, it will be difficult to find any reliable authority in surgery." In reply, I would say, that if all the most distinguished anatomists, pathologists, and the most eminent surgeons of modern times, whom I have quoted,

knowing the controversy on the subject, have denied that they have ever met with any disease of the parotid, (excepting enchondroma) and thrown grave doubts on the so-called extirpation of the parotid, *are not to be credited, it will be difficult to find any reliable authority in surgery and pathology.*

7th point. He says he can report above fifty operations of what he deems undoubted cases of removal of the parotid gland. He also states that he has operated upon five himself.

You have heard me quote Fergusson, Liston, and Velpeau, on this point, who affirm that they have *never met with a single case of a diseased parotid.* Now Gentlemen, seriously and solemnly, do you believe Dr. Brainard before the united and unequivocal testimony of these, the three most eminent operating surgeons of modern times, *if so, there is no other alternative than to admit that Dr. Brainard is the greatest surgical genius, not only of the present, but of every age and country.*

8th point. He writes, "I have added figures of some of the tumors, taken by daguerreotype, believing they would be useful in aiding the diagnosis, for I have generally noticed that each organ in its morbid growth assumes a form peculiar to itself, and believe that careful attention will enable the surgeon to distinguish between enlargements of the parotid and those of the glands situated in contact with it, *by the form and situation alone.*"

It may serve to point out *the difference in situation of a tumor*, but it is an absurd error to insist upon it as an aid to diagnosis between a diseased parotid and lymphatic, and more especially as the existence of the disease in the parotid has been strongly denied by the most competent authorities.

9th point. Description of his two cases of extirpation of the parotid.

CASE 1.—*Removal of the Parotid Gland for Scirrhus—Cure.*—Rebecca Dearsdorff, aged thirty years, of full habit and good health, consulted me, January 30, 1857, on account of a tumor situated between the ramus of the jaw and the lobe of the ear. The attention of the patient was first directed to this tumor four years previously, when only a slight enlargement existed. From that time it increased slowly and without any pain until within three months, when it has grown rapidly, and now presents the appearance well represented in the foregoing figure. The Tumor at this time is firm to the touch and presents some inequalities; the skin over it is not discolored.

Operation.—The patient having been placed under the influence of chloroform, a semi-circular incision was made, commencing behind the lobe of the ear, ending upon the middle of the cheek, and passing over the lower part of the gland. The covering having been dissected up from below, the finger was thrust beneath the tumor, by which, with an occasional touch with the knife, it was readily separated from its attachments.

A circumstance especially deserving of notice is, that *the fissure in which the gland is naturally situated was nearly empty, and the finger passed into it without difficulty.*

During the operation, the portio dura was divided; the external carotid artery was torn across, and the end of it lay in the lower part of the wound, three-fourths of an inch in length, where it had been drawn out of the tumor. It did not bleed, but as a precaution it was tied. The face was instantly drawn to the opposite side on the division of the nerve.

On examination of the cavity, the ramus of the jaw, the mastoid process, the styloid process in its whole length, the stylo maxillary ligament, the auditory passage, and the ligament of the temporo-maxillary articulation, were fully exposed. At the bottom, the internal carotid artery and the internal jugular vein were distinctly seen and felt. There was no great hemorrhage. The wound was filled with a sponge until this had entirely ceased, when careful search was made by the surgeons and assistants for any remains of the parotid gland. None could be found; all the spaces into which it is said to prolong itself were vacant. The wound was dressed in the usual way, and a full dose of morphine administered.

On examining the tumor, the structure of a salivary gland was distinctly to be discerned on its entire surface. The trunk of the portio dura passed through it. The central part seemed to me very decidedly scirrhous.

The operation did not occupy ten minutes, and was by no means very difficult. The reason is that during its growth the disease had gradually raised the gland from its bed in a manner which will be readily understood. The patient recovered, and was able to return home in two weeks.

CASE 2.—S. S. Millard, aged thirty-five years, consulted me, Nov. 10, 1858, on account of a tumor situated below the left ear. He stated that he had first perceived it about two years previously, and some months since an attempt to extirpate had been made, but the surgeon, finding it deeper and more difficult to remove than he anticipated, desisted, after having cut deeply into it, and contented himself with applying cupping glasses over its surface, by which a small part of its contents had been forced out. The wound cicatrized slowly, and at the time of examination, an irregular surface was presented, and elastic, free from tenderness and pain. The general health was pretty good.

This tumor was removed, Nov. 13, 1858, at the U. S. Marine Hospital, in presence of the class and attendants. Owing to the cicatrix upon the surface, a piece of the skin was removed. I succeeded in getting under it at the lower part and raised it out of its bed by the fingers. There was considerable hemorrhage. The external carotid, the temporal and external maxillary arteries requiring ligatures; the two latter on account of the retrograde circulation. The pharynx, internal carotid artery, internal jugular vein, the pterygoid muscles, were distinctly felt and seen.

The patient recovered without accident, and, Oct. 16, 1859, writes that "my face is apparently well."

On examination of the tumor, it was found to be of a marrow-like appearance, with masses firmer and apparently more fibrous than the rest. The facial nerve passed through it. (The side of the face was paralyzed after the operation.) Surrounding the morbid growth, small portions of the parotid gland, in a healthy state were noticed.

The character of the growth would have left me in doubt as to the malignancy; but the cicatrization after the first incision, and it having remained well for eleven months, leads me to think it was not cancerous.

In this case, the lymphatic glands removed with the tumor were healthy, and the disease seemed evidently to have originated in the parotid. I therefore took great pains to search for any parts which might have remained, and a small piece upon the side of the face was detected and removed after the principal growth had been taken out."

Comments on Case 1st.—No good surgeon, anatomist and pathologist will believe that in this case the parotid was implicated and that he extirpated it. Does he really believe it himself, or is he imposing on the credulity of the profession? If so, it is an insult to their intelligence. "With an occasional touch of the knife, it was readily separated from its attachments, there was no great hemorrhage, the operation did not occupy ten minutes, and was by no means very difficult." You have heard the unanimous testimony of all the great anatomists whom I have quoted on this point; every one of them are also distinguished surgeons, either living or dead. How emphatically they have insisted on the great danger, difficulty and violent hemorrhage from extirpation of the parotid. Now do you believe Dr. Brainard in opposition to their united experience? He admits that Velpeau and Beclard cast doubt on all cases in which no great hemorrhage occurred; likewise that Beclard and Lisfranc lost their patients by such an operation. Speaking of the removal of the parotid, Dr. Brainard says that Heister, "describes an operation in which a pound of blood is lost during the incisions, in which death often occurred, and that he criticises Gurengeot who had spoken of it as not dangerous." Dr. Brainard adduces this as a proof that Heister really removed the parotid.

In describing his case, Dr. Brainard says, "the external carotid lay in the lower part of the wound, for about three quarters of an inch in length, where it had been drawn out of the tumor. I doubt very much that an artery of the calibre of the external carotid can be severed, and lie denuded for three quarters of an inch under the circumstances stated, without the slightest hemorrhage, for the patient was not in a state of syncope, nor was the artery retracted in its sheath, or beneath the fascia.

A diseased parotid, according to Dr. Brainard, is much easier to dissect out than a healthy one! He gives as a reason that the disease had gradually raised the gland from its bed! No doubt an enlarged lymphatic gland in the parotid region, if not very voluminous, is far easier to extirpate than a healthy parotid, but I must protest against the absurd error, that a diseased parotid, supposing it to exist, would be more facile to dislodge than a sound one. A mere tyro in surgery would waver before admitting such an assertion.

He draws particular attention to the following remark: "the fissure in which the gland is naturally situated was *nearly* empty, and the finger passed into it without difficulty." This proves nothing, as all surgeons have insisted that tumors occupying the parotid region, cause the absorption of the parotid and came to occupy its natural seat.

Again, he says, "on examining the tumor the structure of a salivary gland was distinctly to be discerned on its entire surface." Admitting it to be the salivary gland which was seen on the surface, might it not have been a tumor of a deep lymphatic gland, pushing *forward* the salivary gland, which was in a healthy state.

Comments on second Case.—The same remarks will apply to the second as to the first, with the exception of the hemorrhage which appears to have been considerable. He says, "I succeeded in getting under it at the lower part, and raised it out of its bed by the fingers." Could he have done so had it been the parotid? He admits that it was a most easy operation. No microscopical examination was made of the tumors. It is a very meagre, loose and faulty description, no surgeon reading it would suppose that it was a case reported by a professor of surgery, and there is no conclusive evidence whatever that the parotid was at all implicated.

Comment on case 4.—Enlargement of the Lymphatic Glands in the Parotid Region.

"After the operation was finished, the parotid gland was found in its natural situation, *but so much scooped out* that it was perhaps *possible to have supposed that part of it had been removed.*" Here is an important admission by Dr. Brainard,

viz: that enlargement of lymphatic glands may cause absorption and take the place of the parotid. Now, was it not so in the other two cases?

Analysis of facts and summary. To support my argument that the *entire removal* of the parotid is a most dangerous operation, and attended with the greatest difficulties, in opposition to that of Dr. Brainard, who contends that it is an easy, safe operation, and one which is not unfrequently attended with but little loss of blood, I have given you my own deductions from dissections, and quoted as anatomical and surgical authorities, the Cyclopaedia of Anatomy and Physiology, Burns, Colles, Harrison, Blandin, Cruveilhier, and Richet.

To support my argument as to whether the most eminent surgical authorities of modern times, *have ever seen a case of diseased parotid*, in opposition to Dr. Brainard, who asserts that he can report above fifty operations of what he deems undoubted cases of removal of the parotid, and has operated upon five himself, I have quoted Fergusson, Liston and Velpeau.

To support my argument as to whether the parotid gland is subject to malignant disease or not, in opposition to Dr. Brainard, who teaches that doctrine, I have quoted the records of the Musée Dupuytren, catalogue of the Museum of Wm. Hunter, and also the unmistakable evidence of the most eminent pathologists, such as Houel, Wilks, Bennett, and Paget.

What is the use of extirpating the parotid, if it does not take on disease? (always reserving enchondroma, and which is spoken of as rare.) From all these considerations, I contend that I have proved beyond the possibility of a doubt, that Dr. Brainard, in the two cases he describes, did not extirpate the parotid; what he thought was the parotid was only a tumor *placed over the parotid, or occupying its place*, and from the unanimous testimony of the anatomical and surgical authorities that I have quoted, prove that such tumors are usually easy to remove, from being limited by a cellular capsule, from which they ordinarily can be enucleated with facility, and that they may or may not implicate the external carotid artery and facial nerve. I also maintain earnestly the justification of this criticism, inasmuch as I think the proofs are irrefragable that Dr.

Brainard is, *on this subject*, in ignorance of the teachings of anatomy and sound pathology, that he is professing dangerous and erroneous doctrines in surgery, and advocating them to the profession.

NOTES ON SURGICAL CASES.

BY E. ANDREWS, M. D.

Prof. of Surgery in the Medical Department of Lind University, Surgeon of Mercy Hospital,
and Surgeon of Chicago Dispensary.

Lithotomy.—Joseph C., aged 9 years, was admitted to the Surgical wards of Mercy Hospital, on the 10th of December, complaining of incontinence of urine. The penis was small and club shaped, the glans being a little enlarged. He complained of pain in the extremity of the organ, which, however, was not inflamed. The pain was aggravated upon effort at walking or running, and the clothing was wet with urine. I introduced a sound and immediately struck a calculus of considerable size. After a few days preparatory treatment, I brought the patient into the operating room and proceeded to remove the stone in the presence of the students in attendance. The rectum having been previously evacuated, the patient was placed upon the table, chloroform was administered, and the bladder filled with an injection of tepid water. The staff being introduced, I proceeded to perform the lateral operation of lithotomy in the usual manner. The stone, on being extracted proved to be a trifle larger than I had estimated it, being an inch and a half in length, by an inch in breadth. It consisted of alternate layers of uric acid, and phosphates with a uric acid nucleus. A silver tube was inserted in the bladder and the patient replaced in bed. A moderate febrile reaction followed, but at the present time (fourth day after the operation) the symptoms are entirely favorable, and the patient bids fair to have a rapid recovery.

Necrosis of the Femur.—Edward Boothe, of Gardner Station, Ill., aged 11 years was admitted to Mercy Hospital with a diseased femur. On examination with the probe, necrosed

bone was found in the lower third of the shaft. The knee joint was not affected, but the femur for seven inches above it was much enlarged. Owing to the excellent management of Dr. Rogers, his family physician, the patient was in the enjoyment of a tolerable degree of vigor, notwithstanding the free suppuration which had continued for many months.

I proceeded to remove the sequestrum. A longitudinal incision, five inches in length, was made on the antero-internal aspect of the thigh, down to the bone, crossing one of the sinuses in the track. At the bottom of this sinus a small opening was found leading into a perfect shell of bone, within which the probe detected the sequestrum. I enlarged the opening with the gouge forceps and drew out several fragments of necrosed bone. The cavity in which they lay was about an inch in diameter, four inches long, and cylindrical in form. There were only three very small openings into it. It was obvious that the whole thickness of the lower third of the shaft of the femur had perished down to the epiphysis, and that the periosteum separating from it, had produced this bottle shaped shell of living bone around the sequestrum. Chloroform and aether mixed were administered during the operation. Nothing remarkable occurred during his recovery, and at the present time the incision is rapidly healing.

Strangulated Hernia. I was called into the country some twenty miles to see Daniel Wilson, aged 66, who had been lying several days with a strangulated inguinal hernia on the right side. I arrived at midnight, and found the patient as above described. Desirous to accomplish a reduction, if possible, without an operation, I administered chloroform to complete anaesthesia, and resorted to the taxis. The relaxation produced by the chloroform was perfect in the general system, and impressed me very favorably as an agent suitable to be used for this purpose. The structure, however, did not yield, and the attempt was like the previous ones made by Dr. Jones, his family physician, a failure. I proceeded to operate therefore in the usual manner. The sack on being opened contained some clotted blood and serum, and there was considerable fresh lymph gluing the intestines to the sack. There was

however no gangrene, and I therefore divided the stricture and returned the gut. There was no serious inflammation and the patient recovered, with a radical cure of the hernia.

Congenital Hernia Strangulated.—John H. aged 14, was attacked with a great pain in the groin and scrotum. On examination by his physician, a moderate tumor was found in the scrotum, very hard and elastic, and connected with the external ring by a long and somewhat slender process feeling like a swollen spermatic cord. The patient could give no intelligible account of the history of the case, seeming to be unusually stupid. No testicle could be identified apart from the tumor, so that the physician in attendance was in doubt whether it was a case of hernia or of orchitis. The administration of several brisk cathartics, which only resulted in vomiting and pain, cleared up the matter, and he requested me to meet him and operate. After administering chloroform and ether in equal parts, I made an incision down to the swollen cord. Here I found the intestine stretched in a straight line, from the tumor below to the external ring above, apparently being strangulated at both places, but most firmly below. I divided the upper stricture first, and dissected down to the lower, and divided that also. The gut below the latter point was contained in the sack of the tunica vaginalis, and was a good deal ecchymosed. The strangulation being relieved, the intestine was returned and the parts healed up as usual. There was some local peritonitis, and for several months a good deal of pain on walking, or in any other way moving the body. As this soreness was slow in subsiding, the friends of the patient killed a plump dog, and having extracted his oil they rubbed the patient with it daily. As the soreness afterwards subsided, the dog got more credit for the cure than the surgeon, and the oil of dog is in high repute in that locality to this day.

Fracture of the Pelvis.—The patient, a very highly esteemed citizen of V—, Ind., was caught between the side of a freight car and a platform at the station house, in such a way as to compress the lower part of the pelvis, but it was not possible to ascertain the exact direction in which the force was applied.

He was carefully examined and attended by Drs. Cameron and McCarthy, but there was no crepitus, nor other external sign of fracture which the most attentive external examination could detect. The catheter was introduced without difficulty into the bladder, and a pint of pure blood flowed off, but no fragments of bone were touched by the instrument, nor could the finger in the rectum detect any. It was hoped, therefore, that no fatal injury had been done.

A difficulty of expelling the urine supervened, and in a few days a tumor appeared in the hypogastrium like a distended bladder. At the same time, edema of the perineum and of one thigh took place. As the catheter did not reduce the distension of the bladder in the least, although often introduced, Prof. Davis and myself were called to consult in the case. On my arrival the patient was found delirious, and in a very unpromising situation. A careful examination, by introducing the finger into the rectum while the catheter was passed, showed that the instrument made its escape from the urethra at the membranous portion, and passed into the areolar spaces of the pelvis, confirming the suspicions of Dr. Cameron, who had not been able to introduce the instrument in a satisfactory manner after the first or second day from the injury. As no positive sign of fracture could be discovered, I hoped that the rupture of the urethra was the result of a contusion of the soft parts only, and as by no care could the catheter be made to enter the bladder, I determined to relieve that viscus, and also prevent further infiltration of urine by an operation. Chloroform and æther being administered, I introduced a grooved staff and cut down upon it, as in the lateral operation for lithotomy. The staff was found in a cavity from which a gush of urine took place. After this gush, the bladder emptied itself with a free and steady stream, which seemed to come from among the crushed fragments of the prostate gland. On passing my finger along the inner border of the left ischium I found a rough surface from which a large splinter of bone had evidently been detached; tracing the route of this splinter forward and upward, I at length found it lodged with surprising firmness at the brim of the pelvis, between the bladder and

the pubis. It was thin and sharp at the edges, and above two inches and a half in length by an inch or more in breadth. The urethra and prostate gland had been completely destroyed in the path, and other tissues surprisingly cut to pieces, but the coats of the bladder were apparently not pierced. After the operation the patient seemed relieved in a measure of his sufferings, become more rational, and had something like a natural sleep. The urine continued to come away freely by the incision, but there was no permanent improvement and the sufferer died on the following day.

Fracture of the Pelvis from a fall.—J. H. a sailor, fell from the mast head of a schooner, and struck the nates upon the deck. I did not see the patient alive, but was present at the *post mortem* examination. Both of the ilia were fractured just external to the sacro-iliac synchondrosis, so that the sacrum was freely movable. The viscera of the pelvis were not wounded, and the sacro-iliac synchondrosis itself remained uninjured, showing the great strength of that articulation. I was not informed of the symptoms preceding the death.

NOTES UPON DIPHTHERIA.

BY J. H. HOLLISTER, M. D.,
Professor of Physiology in Lind University.

At a recent meeting of the Chicago Medical Society, Dr. Hollister made a verbal report of some interesting cases of diphtheria, accompanied by a specimen of false membrane of such remarkable development, that by vote of the Society, he was requested to furnish a written history of the case, with such notes upon the disease in question as he might deem proper. To which request he replies:

Gentlemen, I herewith present the history of the case of diphtheria, to which I alluded when exhibiting a specimen of false membrane, at the last meeting of the Society.

The patient, George F., was a well formed, robust boy, aged 7 years. I first saw him at evening, October 4th, 1859. He had suffered severely from chills during the afternoon; febrile reaction was now apparent; the face was flushed; the skin hot

and dry; tongue red, and but little furred; pulse 110; complained of head-ache and general languor. There was at this time no indication of local disease, and I suspected it merely the result of a sudden cold, perhaps attended with the congestion present in ague, and so frequently observed as complicating most diseases in that part of the city. I saw him again early, October 6th. He now complained of soreness of the throat; had the peculiar hoarse cough as in membranous croup; the neck, externally, was much swollen; the tonsils were much enlarged, and together with the adjacent structures, white with plastic lymph. The palate and anterior portions of the mouth were extremely red; the breathing hurried; pulse 120. Though at my first visit there was nothing of a local character complained of, there was now no chance of mistaking a well marked case of diphtheria.

My prescription: ℞ Ipecac, grs. v.
 Sub. Mur. Hyd. “ x.
 M. Div in Chart No. x.

Sig.—One every two hours.

Had reference to the sedative effect of the first and the power of the second, to prevent fibrillation of the effused lymph, and thereby favor its expulsion.

The throat was sponged every four hours with a solution.

℞ Argent Nitr ℥i.
 Aqua Dist. ℥i. M.

Chlorate of Potash in solution was used freely as a gargle, and the external surface, a little distant from the trachea, subjected to counter irritation.

Twenty-four hours later, Oct. 7th, Prof. Davis saw him with me in consultation. The breathing was now more labored. I had previously produced emesis by the use of ipecac, with no apparent relief. The febrile symptoms had very much subsided. The blood was not duly oxidized, and he was evidently failing, with all the appearances of asphyxia. During the last twelve hours, I had detached firm patches of false membrane when using the sponge, some of them an inch in length.

It was suggested to use R. Sub. Sulph. of Mercury, grs. iv. one powder every four hours, with the two-fold view of dis-

lodging the false membrane, and by its alterative effect, to prevent fibrillation of the effused lymph.

At evening, after a terrific effort which nearly proved fatal, he succeeded in expelling a perfect tubular cast of the *trachea*, measuring seven inches in length, to the bifurcation, the exact representation of these and a tuft at the extremity of either one, which proved upon examination to be the bronchial subdivisions, thirteen in number on one side, and eleven on the other, each from one-fourth to one-half inch in length. *He now rested more quietly*, breathing with comparative ease, till near the morning of the 9th. We endeavored to sustain him as he seemed much exhausted. The imperfect aeration of blood was now very apparent. Twelve hours after the expulsion of the first specimen shown you, he threw off the second one, which was a likeness of the first, much less perfectly developed, and evidently from the upper portion of the trachea.

During the day his suffering was paroxysmal, at times rendering him almost frantic, permitting brief intervals of rest. His mental faculties seemed entirely unimpaired. He was fully conscious of all that occurred till three o'clock, P. M., when a suffocating paroxysm in a few moments ended the scene and the little sufferer was at rest.

A case of equal interest in the same family, but with very different symptoms, will be submitted at the next meeting.

CHICAGO ACADEMY OF MEDICAL SCIENCES.

DE LASKIE MILLER, M. D., PRESIDENT.

The regular monthly meeting was held on Friday, Jan. 6th, when the following officers were elected to serve during the ensuing year:

President—Dr. R. C. Hammill. *Vice-President*—Dr. I. A. Graham. *Recording Secretary*—Dr. Walter Hay. *Corresponding Secretary*—Dr. Jno. H. Rauch. *Treasurer*—Dr. Thos. Bevan. *Trustee*—Dr. Chas. G. Smith.

The following Standing Committees were also chosen:

On Admissions—Drs. Heydock, McAllister, and Holmes.

“ *Medical Ethics*—Drs. Bloodgood, Fisher, and O. Smith.

“ “ *Education*—Drs. Davis, Ingalls, and Gore.

A vote of thanks was given to the retiring officers.

Dr. Bloodgood (from Board of Trustees) reported that they had found suitable rooms for the permanent location of the Academy, and were thereupon authorized to secure such rooms as in their discretion might seem best, at a rent not to exceed \$150 per annum.

Dr. Rauch moved that the Academy subscribe for the principal Medical Periodicals.

Dr. Byford moved an amendment to the effect that publishers be requested to donate, which was passed.

Dr. Rauch suggested the necessity of Incorporation in order to effect this object, whereupon the Secretary was instructed to take the necessary steps to effect the Incorporation of the Academy under the general Law of Incorporation.

Dr. Blake proposed the following resolution : *Resolved*, That Tracheotomy is usually deferred too long in cases of membranous Croup, and that if resorted to earlier it would greatly lessen the mortality in that disease," which was accepted, and Drs. Bloodgood and Blake were appointed to discuss the subject at the next regular meeting.

Dr. McAllister called attention to a verdict of a Coroners Jury, which had come under his notice, "That the subject died from disease of the stomach," no post-mortem examination having been made to determine the fact.

Dr. Gore (County Physician) had seen the case, and stated that no post-mortem examination was permitted by the parents of the boy ; that the "verdict" in question was made up from the opinions of two physicians, who were said to be acquainted with the facts of the case, and from marks of violence upon the body, viz : an abrasion of the skin, and was that "The boy came to his death from internal injuries, (probably with hemorrhage) the results of a fall upon the edge of a portion of a barrel, while engaged in feeding cows." He also remarked upon the unreliable character of reports of such verdicts as published in newspapers, and assigned the reasons.

Dr. McAllister thought that juries were not justified in giving such verdicts without having post-mortem examinations.

Dr. Davis denied the right of parents, or any one else, to

interfere with the rights of juries, maintaining that the subject of such an investigation belonged to the jury alone.

The subject was discussed at large by Drs. Davis, Blake, Gore, Ingalls, and McAllister.

Dr. C. G. Smith suggested the propriety of exerting the influence of the Academy as a body in procuring the election of a physician to the office of Coroner.

Drs. Davis and Ingalls were appointed a committee to investigate the subject of abuse in the practices of Coroners Juries.

Dr. Bloodgood submitted the following report of the section to which the subject had been referred, viz :

The signs usually indicating death by drowning are the following: When found soon after death the surface of the body is pale or slightly livid, with muscular rigidity more or less complete, according to the time that has passed since the immersion took place; the eyes are partly open, and the pupils dilated; the tongue is pressed against the teeth, or protruded between them, and sometimes wounded by them. The ends of the fingers are often abraded by the efforts made in the death struggle; the hands enclose grass or other substances that come within their reach, and the hollows of the nails are filled with sand or mud that forms the bed of the water. The abdomen and chest are prominent. The lungs and right side of the heart are filled with black fluid blood, as are also the liver and spleen, and a small quantity of bloody urine is sometimes found in the bladder. The stomach contains water of the same nature as that in which the body is found, and the air passages are more or less filled with froth formed by the water drawn in by the inspiratory efforts, and mingled with the air already present. The air found in the lungs is almost wholly destitute of oxygen. According to Prof. Beatty there is turgescence of the blood vessels in the head, more or less complete as the death has been more or less speedy; but Dr. Goodwin, as quoted by Roget, says that the external surface of the brain is of a darker color than usual, but the vessels are not tinged with blood, nor are there any marks of extravasation about them. Dr. Currie also says, they do not exhibit any particular marks of distension, and Dr. Guy, that they contain a small

quantity of blood, and the medullary substance presents, when sliced, a number of bloody points. With these latter authorities we are inclined to coincide.

When all these signs exist, with the absence of wounds or other injuries which might account for the death, its cause cannot be a matter of doubt, but the signs are sometimes wanting, and sometimes their presence admits of another explanation. When syncope occurs at the moment of immersion, we may have no evidence of death by drowning, except the finding of the body in water, or if in falling from a height the head strikes a rock, producing concussion of the brain, or in a state of deep intoxication the subject is accidentally or wilfully thrown into the water. But though the want of any or all the ordinary signs, do not absolutely disprove the theory that drowning was the cause of death, the coincident presence of two of them, even when conjoined with a mortal wound of the head, would, we think, furnish very strong proof that death was caused by drowning, and in the absence of conflicting circumstances, other than the wound, justify a verdict to that effect. These signs are the presence of water in the stomach, identical in composition with that in which the body is found, and the presence of a quantity of froth in the air passages. The value of the first and most constant sign, is much impaired by the difficulty of determining whether the water was introduced before or at the time of death, and also by that of proving its chemical identity with that in which the body is found. The other, however, is very significant, and can be produced only by the simultaneous presence of air and water in the lungs while they are still in motion. The presence of water unmingled with air, would prove that it had flowed in after respiration had ceased. The danger of confounding the expectoration of pneumonia or bronchitis with the froth produced by drowning, is very small, on account of the different characters of the fluids, and we think could almost always be avoided by a careful examination of them. The presence of what any one would regard as a mortal wound, would only serve to throw light upon a case that would otherwise be doubtful, not to disprove positive facts. The subject of the celebrated Crow-bar Case,

would have died by drowning had he been immersed long enough at any time subsequent to the accident from which he suffered, though he had a wound which no surgeon would have hesitated to pronounce speedily fatal. We therefore think that the presence of froth in the air passages, is a certain sign of death by drowning, subject only to the condition that water was not injected into them before death."

ABSTRACT OF PROCEEDINGS OF THE CHICAGO MEDICAL SOCIETY.

The society met at the residence of Dr. W. W. Allport, Tuesday Eve., Dec. 29, Dr. Waite in the chair.

Members present: Drs. Allport, Byford, Wickersham, Heydeck, Graham, Fisher, Powel, Faircloth, Isham, Andrews, Deville, Holmes, Davis and Steele. Visitors: Prof. Allen, Rea and Dr. Mott.

The Sanitary Committee on request, begged leave on the part of Dr. S. Wickersham, of the South Division, to report the following:

"The diseases with which we have met, have been those of the corresponding months of other years. In our July report, we stated that about the usual number of children are suffering with the disease peculiar to the season. Many of these have gone to their final home, others are stout and healthy, and a small percentage are still the victims of chronic Diarrhoea, or secondary disturbances which prevent a return of the healthy aspect, and joyful laugh. Another seasons experience has but added to our conviction, that in these cases we should beware of medication and trust more confidently to hygienic measures, give increased attention to dress, aliment, air and bathing. By a judicious administration of medicines, much may be accomplished, but let them be dealt out with caution, and ever remembering that attention to the above is a *sine qua non* to a successful treatment. Without pausing to detail treatment, I would simply state that with those cases of chronic diarrhoea and emaciation with which we so often meet at this season of the year, there is no simple remedy upon which I place more

reliance, than the tinctura cinchona comp. This remedy in most cases given in doses of from 20 grs to a drachm will be found very beneficial.

Comparatively but few cases of dysentery have occurred during the season. I believe it was the most prevalent about the middle of September. It will be remembered that about the 10th, we had copious showers, which was the termination of the dry weather. Immediately succeeding the rain we saw a large additional number of cases of dysentery and remittent fever, and these of a more obstinate type than those which we had previously seen. Until this period I had seen no case of dysentery that gave me any uneasiness, but in the interval between the 10th and 25th, I met with several cases that gave me some anxiety, and required additional care in the treatment. I lost but one adult, I had his disease controlled at two separate periods, but from violation of my instruction, in eating fruit etc., he passed into his second relapse which proved fatal. Remittent fever was not prevalent until after the September rain, when in two days immediately succeeding the rain, I took thirteen cases under treatment, showing that nothing was wanting for the production of the disease but moisture. These in most instances were easily managed. We saw no case if not already arrested, but what was converted in a very few days into an intermittent. Our plan of treatment is to relieve the bowels, to obtain by diaphoretics, a distinct remission, and administer an anti-periodic.

Intermittent fever in other years that we have practiced in Chicago, has prevailed to a considerable extent along the southern boundary of the city, more particularly to the part adjacent to the river. Not so this. There have been isolated cases throughout the south division, but the majority have been connected outside of the city. We have never seen but one case and that a recent one, that was not easily arrested by the quinine sulphas, after properly preparing the system for its reception. It was the case of a girl about fourteen years of age, who I had under treatment in September. It was at first a remittent. After three days the intermission was marked. The sulphate of quinine was given in the intermission, at first

in moderate doses, failing to arrest it, it was increased so as to produce its characteristic effect upon the brain, and was sustained for several days, during which it was arrested for one day only. The fever came on every evening about 8 o'clock. Prof. Wood says that he has never seen but some three cases, that the quinine sulphas did not arrest, and those when a young practitioner, and believes that he did not give enough of the remedy, but had he seen this case, I think he would have been satisfied that he had seen a case in his older days that the remedy would not effect. I then administered the liquor potassae arsenitis in eight drop doses three times each day, this was given about a week, when oedema about the lower eyelids was perceptible. The system being now sufficiently under its influence, and it being necessary to suspend the remedy, and as no impression apparently had been made upon the disease, I was at a loss to know what to select amongst the many reported articles.

At this juncture, meeting with my friend, Prof. N. S. Davis, I detailed the case to him. He told me he thought I had better administer the cornus florida, and I understood him to say that he was accustomed to give it when the sulphate of quinine failed. I should have followed his counsel, but when I returned the next day I learned that her attack escaped the previous night. No further medicine apart from some ferruginous preparation was given, and she has had no symptoms of a return. In this case the arsenic proved eminently superior to the quinine.

During the latter part of September, and early in October, cynanche parotidea or mumps, prevailed extensively in some isolated sections of the South division. In the district bounded by Twelfth on the North, and State on the West, these were of the most violent form that I have ever witnessed. I will not weary you by a detail of the symptoms and treatment, but will give you an idea of the violence of them, by saying that in three children the parotid suppurated, and in one of these the gland on both sides; and another succumbed while the gland was undergoing the suppurative process. I would say here that I was not mistaken in my diagnosis. This was not accompanied by any form of angina or diphtheria. But it was

pure and uncomplicated mumps. The throat was scarcely altered from health, and deglutition was attended with but slight pain. It is very rare for the gland to suppurate while affected with mumps. Prof. Wood says in his work on practice, that he does not remember to have witnessed a case where this has occurred. These were the first that I had seen. I lanced the glands as soon as the presence of pus was undoubted, and the quantity that was discharged for some days is scarcely credible. Active stimulation was required to support the strength while the gland continued to discharge, and it left the children very much debilitated. It is proper to say that I did not see these cases in time to adopt any effective means to prevent the suppuration.

From such knowledge as I have obtained from my medical friends, and my own personal knowledge, I am happy to be able to inform you that there have been but few cases of enteric fever, and these generally of a mild type, and terminating favorably a few days sooner than usual. The cases that we have seen have needed but little medicine. We view the disease as self limited, and think the physician has accomplished all that he can when he places and preserves the system in the most favorable condition for the elimination of the morbid matter upon which the fever depends.

We believe that a large number of our cases of typhoid fever of this region are not of that pure character that we meet with in the East. A very large proportion of the cases that I see are a mixture (especially in the early stages) of remittent and typhoid, hence we have our advocates of quinine, and much good will be accomplished by its administration in such cases, until that part of the affection which is not typhoid is overcome; your patient you deem convalescent, and perhaps leaves his bed for a period, but he is certain to return, and destined to pass through with an attack of typhoid fever, which, so far as the eradication of the disease is concerned, quinine is of no utility. We have recently seen the case of a lady where this malarious influence became manifest about every seventh day, and this throughout a six weeks attack of typhoid fever. The sulphate of quinia, as often as it recurred, was given with the

most marked effect, indeed would completely arrest the intermittent fever coming on every other day. But we failed to observe the least amelioration of the typhoid symptoms during the administration of the antiperiodic. Hence we use it only as a stimulant in enteric fever.

Perhaps I should not close this report without a word in reference to diphtheria. We believe that our people are unnecessarily frightened. We have seen but one case that deserved the appellation. We have seen several cases during the autumn of pseudo-membranous croup and kindred diseases, but the tendency among the "similia" school is to pronounce all these diphtheria, and also in many instances picture this as a new and very dangerous affliction. To all of which we very respectfully beg to take issue, and express as our decided conviction that the cases of pure diphtheria have been very few."

Also, Dr. Holmes, of the North Side, reported as follows: "The facts which I have been able to collect from my own observation and inquiries, regarding the sanitary condition of the North division, can scarcely add anything of interest to the statements in my last report. The people have still been blessed with almost unparalleled exemption from sickness. Although the last three autumns have been to a great extent free from severe epidemics and fatal disease, the present season, I am sure, has even been more favorable to health. Whatever may be said regarding this general good health of our city, and the comparatively small amount of business done by physicians and apothecaries during some of the months, it is true, I suppose, that the bills of mortality for corresponding months of the two or three years past do not differ to a very great extent: it is said the number of deaths continues nearly the same. How this is to be accounted for, whether by an increase of population or otherwise, I am unable to say.

In the neighborhood of the sands there has been considerable intermittent fever, principally however among those who have had the disease before. In other portions of the North division, also, I have seen a few cases. In the same locality I have met with typhoid fever. The type of disease in my practice, however, has not been in general typhoidal.

Sore throats, with swelling of uvula and tonsils, have been quite frequent; but I have not met with any case of diphtheria, nor of scarlet fever, or measles.

One of my cases of typhoid fever I consider somewhat singular, and therefore will give a brief report. An Irish woman, aged 38, was taken sick immediately after the recovery of her husband, whom I had treated for intermittent fever. She had been complaining of weariness and fatigue for several days before I left her husband. She grew worse, and was obliged to keep her bed nearly all the time for a week before sending for me, although she did not feel very badly, unless she sat up. At this time I found her with all the symptoms of mild enteric fever. She did not complain of much uneasiness; rested quietly, and thought she would be about in a few days. The pulse was 96 and small. Tongue was not much coated, but red at the tip and along the edges. There had been considerable diarrhoea, with slight tenderness in right iliac region, but scarcely any tympanitis, perhaps no more than is often found in health. The general appearance and spirits of the patient were so good, that I only prescribed grivine, with opium and potass. chlor. in the intervals. I allowed a little weak beef tea and gruel. The case continued for a week in a most favorable condition. All the symptoms had improved; the patient had gained so much strength that she wished to sit up. I discouraged anything of this kind. On the eighth day, at my usual visit, I found her in a state of complete collapse; extremities cold, lips livid, wrists almost pulseless, countenance anxious and pinched. The abdomen was not in the least tumid or painful on pressure. Patient still retained her consciousness to the fullest degree, and seemed to know the danger of her condition. In spite of all treatment and stimulants she continued to sink for thirty-six hours, at the end of which time she died. This case, I imagine, was an example of that flattering and yet dangerous form of typhoid fever, in which ulceration of the bowels perforates the tissues, with scarcely an appearance of danger till the state of collapse, suddenly, and when least expected, supervenes.

I recollect to have seen a similar case, under the care of a

distinguished physician, in hospital practice; the patient was so far convalescent that she was able to walk about the ward; she had been able to sit up, during the whole of her sickness, a short time each day. She suddenly became worse, with symptoms like those above described, without pain or swelling of abdomen, and died in a few hours. A small perforation of the bowel was found at the autopsy.

I would here state that during the past six months, ending Nov. 1st, 112 patients have been under the care of the surgeons of the Chicago Charitable Eye and Ear Infirmary, making an aggregate of 227 patients who have been under treatment since its organization.

Diseases of nearly every description and stage of progress among the poorest classes which our city can produce have been treated."

An interesting discussion of the views contained in the sanitary reports was participated in by the members of the Society generally.

The question, "What were the characteristics of the fevers prevalent in this city during the past autumn?" being next in order, Dr. Davis remarked in substance as follows:

The question for discussion had reference to the "characteristic features" of such cases of fever as had been noticed in this city during the past summer and autumn.

From the latter part of July to the middle of October, cases of periodical fever, both of the intermittent and remittent forms, were of frequent occurrence, though at no time unusually prevalent. In those cases he had observed nothing peculiar, either in the symptoms or the treatment required. One case only had presented a pernicious or malignant aspect. This occurred in a native of Ireland, living on Mather St., near the south branch of the river. When visited, the extremities were cold: the lips livid; the eyes sunken; the breathing hurried and irregular; the pulse small, feeble and frequent; pain in the bowels, with frequent serous discharges tinged with blood; and extreme restlessness. All these symptoms had supervened suddenly, immediately preceded by chilliness and pains in the back and limbs, such as usually attend the com-

mencement of a paroxysm of intermittent fever. From these symptoms he inferred that the patient was in the midst of a paroxysm of pernicious fever, with irritation of the mucous membranes; and prescribed large sinapisms of mustard over the epigastrium and spine; an enema of tinct. of opium ℥j, in half a tea cup full of cold water, to be used immediately after each evacuation from the bowels; and a solution of sulph. morph., 2 grs., bi carb. soda ℥j, in water ℥jv, of which a tea spoonful was to be given immediately after each effort at vomiting. He also directed the following powders, viz:

℞ Sulph. Quin.	20 grs.
Pulv. Opii,	10 grs.
Proto-Chloride Hydrag.	10 grs.

Mix, and divide into six powders, the first to be taken in one hour after the visit, and the remaining ones at intervals of two hours until all had been taken. The next day the patient was found free from fever and other severe symptoms. By keeping up a moderate antiperiodic influence of quinine, and due attention to the bowels for two or three days, the patient rapidly recovered.

In regard to continued fevers, he stated that cases had occurred, as usual, throughout the season; but that they became more frequent during the month of September.

The only peculiarities observed, worthy of mention, were that a larger proportion of the cases than usual presented the phenomena of typhus, as distinguished from typhoid or enteric fever; and that many of them were ushered in with a distinct chill, followed by daily exacerbations for three or four days. The last named peculiarity was so prominent in several cases as to cause attending physicians to mistake them for true malarious remittents, and to treat them with quinine in anti-periodic doses. He said such cases led to two inquiries of much practical importance. 1st, Are they really cases in which the two types of fever, periodical and continued, are blended together, or are they simple cases of typhus in which the febrile symptoms undergo greater diurnal changes than usual?

2d. If they are cases of simple or unmixed typhus, what are the symptoms by which we can distinguish them from cases of the true remittent type?

The question whether the different types of fever are capable of being blended together in the same individual has been ably discussed in two reports to the American Medical Association, the first by Dr. S. H. Dickson, of Charleston, S. C., one of the most eminent teachers of practical medicine in the profession; and the other by Dr. Pease, of Janesville, Wis.

Without attempting to review the facts and arguments relating to the question, he simply expressed his own opinion that the elementary morbid conditions were, in some respects, so different in the two forms of fever, as to preclude the idea that we could have the *active* symptoms of both mingled together in the same patient. Hence he regarded the cases of continued fever that had presented distinct exacerbations and remissions during the first three or four days of their progress, as only deviations from the ordinary course of symptoms, and not dependent on the admixture of any true malarious influence. If this is true, it is of great practical importance to make the proper diagnosis between such cases and true remittent fever. To do this, he said, it was evident that we must rely on other symptoms besides the exacerbations and apparent remissions; for these had been so strongly marked in the beginning of many of the cases, occurring since the middle of August, that they had been actually mistaken for genuine remittent cases by some of our best practitioners, and treated with full doses of quinine, until the subsequent progress of the cases compelled a correction of the error. He believed, however, that a careful attention to the expression of countenance, the color of the lips; the state of the tongue; the feelings in the head; and the mental condition of the patient, would enable the practitioner to avoid the mistake alluded to. He stated that in all the cases of continued fever which had come under his observation, whether characterized by daily exacerbations during the first few days or not, there was a dulness and heaviness in the expression of countenance; red and dry appearance of the proboscis; a feeling of giddiness or swimming in the head on attempting to assume the erect position after lying down; and an apparent reluctance on the part of the patient to converse cheerfully, or even to admit that he was much sick, which he

had never seen in the early stages of periodical fever. Some have claimed to be aided in making the diagnosis by the action of remedies. Thus, if the case presented the semblance of periodicity in the febrile movements, quinine in anti-periodic doses was promptly administered. If it fully arrested the progress of the fever, the case was regarded as a true malarious fever. If, however, the anti-periodic, was followed by simple diminution of the exacerbations without interrupting the fever, it was then regarded as typhoid or typhus, and treated accordingly. This practice is founded on the assumption that the quinine is harmless in the early stage of continued fever, even when it exerts no apparent influence over the continuance of the disease. But he doubted the truthfulness of this assumption. Several years since his attention was arrested by the apparently injurious effect of five grain doses of quinine in the early stage of a case of continued fever; its administration having been followed by a stupor from which the patient never recovered. And the only fatal cases that had come under his observation, in private practice, during the past season, were in patients to whom from three to five grain doses of quinine had been administered during the first two days after the treatment was commenced, under the impression that they were cases of "bilious remittent fever." These cases, three in number, were so well calculated to illustrate the peculiarities of fevers of the past three months, that they were related in detail. We have space only for their more prominent features. The first was a man aged about 30 years, who was attacked with all the ordinary symptoms of an idiopathic fever, ushered in by chilliness, and continued with distinct exacerbations and remissions. A respectable physician was called in, who prescribed alteratives and anti-periodic doses of quinine, which seemed to arrest the exacerbations, and for two days the patient thought he was rapidly recovering. At the end of that time, however, he found himself unable to keep up, on account of a peculiar degree of swimming in the head, a constant fever, a dirty white coat upon the tongue inclining to be dry in the middle; a dull expression of countenance, and slight wandering of mind during the night. The latter symptom soon be-

came more marked, so that the low muttering delirium was constant until the fatal result, which was in ten days after he was seen by the speaker. The symptoms during that time were those of a well marked typhus; there being neither diarrhoea nor tympanitic abdomen, and yet the case terminated suddenly from copious intestinal hemorrhage. The other two cases were so similar in all their features, except the mode of death, and the apparent effects of the quinine so nearly the same, that it is unnecessary to repeat the description. In each the immediate effect was to arrest the exacerbations to such a degree, that the attending physicians entertained no doubt of the propriety of its use. Yet in each, the mind first became very dull and taciturn, then entirely wandering, with well marked symptoms of a low grade of typhus. Such results had led him to doubt, not only the beneficial effects of quinine in the early stage of continued fevers, but its harmlessness also.

On motion, the Society adjourned.

BOOK AND PAMPHLET NOTICES.

INTRODUCTORY ADDRESS ON ANATOMY. By TITUS DEVILLE, M. D., Prof. of Anatomy in Lind University, Chicago.

This address will commend itself for its originality, and the vigor and terseness of style in which the thoughts are expressed. The author has shown himself not only in possession of great mental vigor, but of habits of close thought and observation. Prof. Deville is not one of those who believes that knowledge comes by intuition, but like some others, his department has been and still is the grand ruling and controlling motive in life. To a thorough knowledge of his subject he unites a happy tact in imparting and impressing what he wishes to teach upon the mind of his student. Chaste and animated in his style, he fixes the attention of his class, and gives full assurance of his real worth as a lecturer. It is not the information that is conveyed, nor the polished and agreeable form in which the matter is presented, that renders addresses of this nature so eminently attractive; but the powerful stimulus such appeals inevitably give to the pursuit of knowledge in the minds of

those to whom they are specially addressed. The following extracts from the *brochure* itself, will more fully acquaint the reader with its scope and character.

“On the faithfulness and excellence of anatomical details, blended with a highly cultivated taste, does the celebrity of the works of the sculptor and life-painter depend, and none have earned for themselves an undying reputation who have disregarded the study of anatomy as essential to that perfection which confers the stamp of genius on their productions. Whether we inspect the marvellous skill displayed in the Venus de Medici, Diana, Apollo Belvidere, Laocoon, Elgin Marbles, and other relics of classic art, or look to the period of the revival of art, at the works of a Michael Angelo, and a Leonardo da Vinci, down to the Etty of our own times, all evince that careful and correct appreciation of form and outline which can only be acquired by the teachings of *anatomy*. But of all the sciences which anatomy enriches, and to which she contributes her aid, none have received such a solid and brilliant impetus as Geology. The scroll of time has been read in the rocks and caverns of the earth, the matters that form the earth's exterior covering, have been found not to be a rude and confused mass, but a systematic arrangement, having a relative position and structure, and containing fossil remains of animal and vegetable life, differing in form and species, and belonging to another order of things than that which now surrounds us. These remains, detected by the sagacity of a Cuvier, and completed by Agassiz, Grant, Forbes, Owen, and others, have become the interpreters of the world's primeval history, and disclosed the fact that animal and vegetable forms, unlike anything now to be found on the earth, have lived in ages long, long ago, anterior not only to human records, but to the existence of man himself. They have disappeared by ordained convulsions of nature; whose history these hitherto silent oracles have at length disclosed, and have been succeeded by others of a different organization, and living under different physical conditions, which in turn have given place to the existing world of life, of which man, earth's thoughtful lord, is the crowning work. * * * *

The characteristics which distinguish the workmanship of nature in the construction of the skeleton, and excite a discriminative and judicious admiration, are found in the rigid economy conspicuous in every part, the diversified application of each single contrivance, the effective employment of apparently insignificant advantages—the accurate adjustment of the capabilities of each organ to the special function which it is designed to perform, and the particular strain which it has to support—the *elasticity* of one, the *rigidity* of another, the *tenuity* of a third, the *density* of a fourth; and the wonderful combination of lightness and durability which results to the fabric, considered as a whole.

What a remarkable piece of mechanism is the vertebral column!

Strong enough to support several hundred weight, yet pliant and elastic; furnished with levers and muscles, by which it is bent in every direction, yet lodging an organ susceptible of injury from the slightest pressure; formed, for lightness, of a loose and reticular tissue, yet capable of sustaining without fracture, shocks, strains, and contortions of considerable violence: this column certainly combines the most opposite qualities, and performs functions apparently incompatible. * * * *

The functions of the hand, though for the most part matters of common experience, assume a new interest when considered in connection with its anatomical structure. The number and variety of its functions contrasted with the simplicity of the mechanism by which they are performed, illustrate the characteristic tendency of nature to produce, by the simplest possible means, the most numerous and diversified possible results. Guided by this general truth, let us review some of the ordinary actions of the hand. Compare, for instance, the light and gently varied compression with which it confines a fluttering bird, to the firm and unrelaxing hold with which it grasps a warlike weapon, or wields some heavy tool. Consider the swiftness of its movements in following the speaker with the pen; their variety in loosening a tangled knot; their nicety and precision in passing a thread through the eye of a needle. How steadily it guides the edge of the scalpel in a critical operation of surgery; with what singular truth it shapes the course of the school boy's marble, or adjusts his arrow to its mark! Nor are these the most wonderful of its performances. Trained to the juggler's sleight, its joints become yet nimbler and more pliant. Its evolutions, in the practice of several mechanical arts, are swifter than the eye can follow, of unerring regularity, independent of the guidance of vision, and productive of the most surprising results. In the musician, the sculptor, and the painter, it becomes the minister of more subtle volitions, and a higher instinct; in them accordingly, it requires still greater freedom and fluence of motion, a yet more exquisite refinement and fidelity of touch. In the orator it assumes a new character, and functions of an entirely different order. For him it is a powerful organ of expression, an indispensable auxiliary to speech. Accompanying with significant gestures the thoughts and emotions of the mind, it becomes the visible exponent of its secret workings; *the tongue*, so to speak, *of a language common* to all mankind. Bring together the wandering Arab—the red warrior of the American forests—the feathered barbarian of Africa—the civilized European. Which of them will mistake the meaning of a hand clenched in anger, or shaken in defiance; stretched abroad in the attitude of command, or raised to heaven in solemn attestation; waved triumphantly above the head, or pointing the finger of scorn; beckoning to summon attendance; barring the lips to enjoin silence; calmly extended in benediction; flung widely forth in despair; covering the face in shame; wrung in the bitterness of grief; spread and

shuddering in horror; or folded tranquilly in prayer? This delicate organ, capable as we have seen, of moving with the speed and precision of clockwork, may be doubled to form a weapon of offence, and employed, in the manner of a bludgeon, to give heavy blows, or to repel the strokes of an assailant. These violent concussions it sustains uninjured; eluding its force by their elasticity; and returning with unimpaired activity to the operations of the lathe or the loom.

When we consider the universality of the adaptation of means to ends—so constant that it cannot be the effect of chance—and the consummate harmony of the whole result so immeasurably transcending the highest efforts of human genius—it seems scarcely possible to arrive at any other rational conclusion, than that the universe, with all it contains, is the work of one Almighty and Benevolent Mind. The philosopher who has attained the highest summit of mortal wisdom, is he, who if he use his faculties aright, has the clearest preception of the limits of human knowledge, and the most earnest desire for the lifting of that veil which separates him from the Unseen. He then has the strongest motives for that humility of spirit and purity of heart, withot which, we are assured, none shall meet their heavenly reward.

There is in medical science still, that dark centre which none of us have been permitted to penetrate; but it is surrounded by numerous investigators which give it now a hopeful light. From that brilliant circle, let it be your ambition each to snatch a burning brand, and penetrating the darkest recesses of the shade, there deposit your contribution of love. And, let us hope, that in no distant day there may arise some mighty genius who will gather up those scintillations, and combining them into one vast torch of truth, elevate it far above the obstructions of ignorance and folly, where it may burn with an unbroken lustre, and penetrate the remotest corner of the gloom!"

BOTANY AS AN ALLY OF MEDICINE. A Lecture delivered to the Medical Society of the University of Nashville, Dec. 2d, 1859. By GEORGE S. BLACKIE, M. D., A. M., T. B. S. E., etc. p. p. 24. Nashville.

After the perusal of this interesting lecture, the reader is surprised that Botany should be regarded with so much indifference by the great mass of mankind; and it is no less surprising than true, that even intelligent physicians should be so generally ignorant of the source of four-fifths of their most valued remedial agents. But it is not so much the value of botany in determining the use of plants, as articles of the *materia medica*, or of diet, that is referred to by the lecturer; but it is valuable as a means of mental discipline, and important in preparing the student for the reception of more practi-

cal instruction. But among the many ways in which Botany is an "Ally of Medicine," the following is the most striking:

"The perfection of the microscope, and other means of physical diagnosis, have brought to our knowledge the fact that many diseases to which our system is liable are caused by the presence of minute vegetable organisms preying upon it. The labors of Robin Goodsir, Leidy, Ehrenberg, Berkely and others have demonstrated incontestably this fact, which any of you can confirm for yourselves. M. Robin in his treatise on vegetable parasites, enumerates and describes no fewer than eighty-six species, *Alga* and *Fungi*, growing upon man and the lower animals. Of course they act as foreign bodies, and give rise to diseases of various kinds. Thus in the aphthous disease of new born children termed *malquet* by the French, the tongue and cavity of the mouth are found covered with a yellow flocculent matter, in which spores and coniferoid filaments (*Gidion albens*), in an advanced state of development, may be detected in considerable numbers. Again, vegetable fungi, such as various kinds of *torula*, more especially one resembling a wool-sack, first described by Mr. Goodsir, and named by him the *Sarcina ventriculi*, are found in vomited matters in certain diseases, and many even themselves give rise to disease, as certain recent cases of intestinal parasites seem to demonstrate. Then again the crust of *faris* is formed of a capsule of epidermic cells lined by a mass of fine granules from which millions of cryptogamic plants, (*Achorion Schoenleini*) spring up and fruitfully producing their spores and increasing the disease, their parasitic presence being the pathognomonic character of scald-head or ring-worm, and their spores and offshoots entering between the fibres of the hair choke it up and cause atrophy of the bulb, of which baldness is the result. Other instances might be cited, but these will suffice. Now the fact that these diseases are of vegetable origin, and caused by spores requiring all the necessities to vegetable existence for their development and increase, is of enormous importance in the treatment. It leads us to inquire what will contribute to the life or death of a similar vegetable spore, and to employ in our outward application the substances which will cause its death. Thus the philosophic treatment, founded on botanical knowledge, of scald-head, will be to apply emollient washes to the scalp, gradually to remove the incrustations, to remove with as little violence as possible the dead and wounded hairs in which the spores are lodged, and to apply powders or ointments which will cover the scalp, and filling up the interstices, prevent air and moisture from causing an increase of the plant. The philosophic treatment of ring-worm will be to apply castor-oil or some such substance to part effected, and similar treatment will be found for all similar affections."

THE FIFTH ANNUAL REPORT TO THE LEGISLATURE OF SOUTH CAROLINA: relating to the Registry and Returns of Births, Marriages and Deaths in the State, for the year ending Dec. 31st, 1858. By ROBERT W. GIBBS, M. D., Columbia, S. C. 1859.

We have received this most interesting and valuable Report. There is evidence of much labor in its preparation, and we could only wish that the political *filum* might be removed from the eyes of the legislature of our own Prairie State, long enough for them to see the advantageous results that would accrue from following in the footsteps of South Carolina in this particular.

ANCIENT MARRIAGES OF CONSANGUINITY. By ISAAC CASSELBURY, M. D., of Evansville, Ind.

This reprint from the pages of the *Nashville Journal of Med. and Surgery* is upon our table, and we are under obligations to the author for such a curious and interesting collection of historical facts.

SOME REMARKS ON THE METHODS OF STUDYING AND TEACHING PHYSIOLOGY. By J. ATKIN MEIGS, M. D., Prof. of the Institute of Medicine, in the Department of Pennsylvania College, and Lecturer on Physiology at the Franklin Institute.

This Critical Review has already appeared in the columns of the *North American Medico-Chirurgical Review*, and its second perusal cannot but be interesting and profitable to the members of the profession. We are glad to see that the author considers Dr. Dalton's new work on this subject as a lucid and concise exposition of the leading or fundamental principles of the science of life in health, as not only superior to the Text Books generally used in our Institutions, but in many particulars is perhaps unequalled.

THE SUBJECTIVE AND OBJECTIVE INFLUENCE OF MEDICINE. An Introductory Address at the opening of the regular course of Shelby Medical College, Nashville, Tenn., for the Session 1859-60. By E. B. HASKINS, M. D., Professor of the Principles and Practice of Medicine.

INTRODUCTORY LECTURES AND ADDRESSES ON MEDICAL SUBJECTS. Delivered chiefly before the Medical Classes of the University of Pennsylvania. By GEORGE B. WOOD, M. D., L. L. D. Professor of the Theory and Practice of Medicine, and of Clinical Medicine, in the University of Pennsylvania, etc. p.p. 460. Philadelphia: J. B. Lippincott & Co., Publishers. 1859.

We are under obligations to the author for the above new publication, received just as we go to press, and we shall take pleasure in recurring to its interesting contents more particularly at our earliest convenience.

CLINICAL REPORTS.

Medical Wards of the Mercy Hospital. Service of Prof. N. S. DAVIS.

Nov. 8th, 1850. Male Ward No. 2. On entering the ward, Dr. Davis remarked to the class, that he should restrict their attention during the present clinic hour to two cases which were worthy of a very careful examination.

The first is a man, native of Ireland, aged about 45 years, who came a few days since from the southern part of Wisconsin, with the hope of obtaining relief from an abdominal dropsy. He observed that the patient was considerably emaciated; the lips thin, though not pale; the conjunctiva of the eye slightly yellow; the skin dry, but of natural temperature; the tongue natural; the bowels inactive or constipated; digestion impaired, producing much gaseous eructations after meals; sense of fullness and oppression in the epigastric and hypochondriac regions; frequent sharp pains, with some tenderness in the region of the right ureter; urine scanty and high colored; pulse 85 per minute, and moderately full; and the whole abdomen much distended with a fluid, as shown by percussion and succussion. After giving the class an opportunity to examine the abdomen individually, he remarked that in former times *dropsy* was regarded as a disease *per se*. And hence, nearly all the older writers will be found to treat of two varieties, viz: Active and passive, or sthenic and asthenic dropsies. But modern researches have clearly shown all the forms of dropsy to be the result or consequence of some preceding pathological condition, often located in some part remote from the seat of the dropsical effusion. Hence the accumulation of water or serum in the abdomen of this patient, as in all others, is to be regarded as a mere symptom, as much so as a cough, a hot skin, or a pain in the head. Whenever, therefore, a patient is presented to you with dropsical accumulations, whether in the form of anasarca, ascites, or hydrathorax; the first question which should occupy your minds is, what is the cause, or special pathological condition, which has given rise to this effusion? For on a proper solution of this will depend all rational treatment. Your ability to arrive at clear and accurate conclusions in rela-

tion to any particular case, will be greatly enhanced by keeping in mind the following general considerations, viz: First, all dropsies arise immediately from, either such an alteration in the relative proportion of the proximate elements of the whole mass of the blood as to leave the *watery* element in excess, or from direct mechanical obstruction of the blood vessels connected with the seat of the dropsy.

Second, in all cases in which the dropsy arises from an alteration of the whole mass of the blood, it first shows itself in the areolar tissues, and most prominently in the parts that are most dependent or most remote from the heart; and hence is termed *oedema* or *anasarca*. But by continuance it may, not only invade all the areolar tissues, but also one or all the serous sacs of the body, as the pleura, peritoneum, pericardium, etc., and is hence often called *general* dropsy. On the other hand, in all those cases where mechanical obstruction to the circulation is the immediate cause, the dropsical accumulation is limited to the part with which the obstructed vessels are connected; and hence it is called *circumscribed* or *local* dropsy.

The pathological conditions capable of giving rise to what he had defined as general dropsy, are numerous. Those of most practical importance are; First, albuminuria, or such an alteration of the function of the kidneys, as causes a portion of the albumen of the blood to escape with the urine, and thereby leaves the watery element in excess; second, protracted organic disease of the heart; third, protracted interruption of the menses, or long continued action of malaria; either of which are capable of rendering the individual so anemic, or, in other words, of producing such a diminution of the red corpuscles of the blood, as to leave the water greatly in excess.

The pathological conditions capable of giving rise to local dropsy, are two, viz: Such a mechanical pressure on the trunks of the blood vessels as to cause their capillary extremities to become habitually over distended, until the watery part permeates the coats of the vessels, and infiltrates the interstitial spaces, or is effused upon a membranous surface; and direct inflammation of the texture or membrane from which the effusion takes place.

As both these conditions are restricted in their action to particular vessels or tissues, so the resulting dropsical effusion must be limited to corresponding parts, and therefore necessarily local. Applying these general observations to the case before us, the question immediately arises, is it one of general or local dropsy? On examination we find it belonging to the latter class, for the accumulation of fluid is limited exclusively to the peritoneal sac. This determined, we advance directly to another question, namely, whether the accumulation is the result of pressure upon some of the vessels connected with the abdominal cavity, or of inflammation of the peritoneal membrane itself?

Peritonitis, acute or chronic, would be accompanied by more or less febrile movement; a sharp and quick pulse; tenseness of the abdominal walls, with decided tenderness; and a rapid wasting of flesh and strength. The patient before us has none of these symptoms, except the emaciation which has been produced very slowly, and is only of moderate amount, and a very limited degree of tenderness in the right iliac region. From the absence of all the more important symptoms of peritoneal inflammation, we must look for some one of those causes which mechanically obstruct the abdominal circulation, such as alterations in the size and texture of the liver, spleen, and mesenteric glands. To detect the existence of these, we must rely principally upon palpation or touch aided by percussion. Placing the patient in a recumbent position, with the abdominal muscles relaxed, the lecturer proceeded to make a careful physical exploration of the abdomen. No solid body could be felt in the abdominal cavity, and the accumulation of water rendered it everywhere dull on percussion, except directly over the course of the transverse colon and stomach, where the tympanitic or intestinal resonance was well marked. He pointed out the latter fact as one of much diagnostic value in such cases. The natural position of the transverse colon, being immediately beneath the lower edge of the liver and spleen; it must necessarily be carried downward whenever either or both of these organs become enlarged by disease; thereby extending the hepatic or splenic dullness below the lower margin of the ribs.

But in this patient, the resonance of the colon not only exists up to the convex edge of the ribs, but extends, on the right side, more than an inch above the lower margin of the hypochondriac region. This clearly shows that the liver is not enlarged. Neither do the physical signs afford evidence of enlargement of any of the abdominal viscera. But there is another disease of the liver besides enlargement, that so far obstructs the portal circulation, as to make ascites one of its most constant accompaniments. He alluded to cirrhosis or hob-nail liver; a disease which induces such a degree of contraction and atrophy of that organ, as to obstruct the flow of blood through the hepatic capillaries of the vena portæ, thereby causing the trunk of that vessel and its intestinal capillaries to be over-distended, until the serous or watery portion of the contained blood becomes effused into the sac of the peritoneum.

Extending the examination by percussion over the whole of the right side of the chest, it was found that the hepatic dullness covered a much less space than natural, being less than two inches in vertical diameter. There was also some tenderness over the region of the liver as shown by the complaint of the patient during the act of percussion. If we take these facts in connection with the slow development of the disease; the frequent evidence of hepatic derangement during its early progress; the constantly disordered digestion; the torpid state of the bowels; the scanty and high colored condition of the urine; *followed* by the gradually increasing dropsical effusion into the cavity of the abdomen, there can be scarcely a doubt but the case is one of genuine cirrhosis; advanced to that stage which is characterized by decided atrophy and contraction of the liver, with functional disorder of the whole digestive apparatus, and serous effusion.

The origin and nature of the disease termed Cirrhosis, is involved in obscurity. It has been supposed to originate in a low grade of inflammation in the fibrous tissue that enters the liver surrounding the hepatic vessels, and extending with them around each separate *lobule*; and that the subsequent atrophy and contraction is the result of obstruction to the nutrient arteries and contraction of the fibrous texture. This view is coun-

tenanced by the fact that in most, if not all of the cases, there is in the early stage more or less pain and tenderness in the hepatic region, with some fever. Such was the case with this patient in the early stage, and you have seen that the tenderness still continues in the case before us. The disease occurs much the most frequently in those who are addicted to the use of alcoholic beverages.

When the disease has continued, as in the case before us, until the size of the organ is much diminished, and the portal circulation sufficiently obstructed to cause ascites, the prognosis is very unfavorable. The dropical accumulation may be retarded by diuretics, or it may be temporarily removed by paracentesis abdominis, but the loss of flesh and strength continues to increase gradually, until at length a fatal degree of exhaustion supervenes. The Doctor remarked that he should prescribe for the present patient a powder of hydrarg. cum. creta 2 grs., and pulv. doveri 3 grs., to be given before each meal; and an infusion of juniper berries, uva ursi, and digitalis leaves, in doses of half a wine glassful every four hours. After the alterative powder had been taken for two days, it should be followed by a laxative sufficient to move the bowels. If the diuretics fail to lessen the amount of effusion, and the abdomen becomes so much distended as to interfere with respiration, tapping must be resorted to for temporary relief. He alluded to some cases in which a large amount of fluid had been evacuated four or five times through the canula of the trocar, before the period of fatal exhaustion was reached.

Case 2d. *Chronic Conjunctivitis.* The second case to which the attention of the class was directed, was one of chronic inflammation of the conjunctiva in both eyes, with much thickening of the membrane, and a rough granular condition of its surface; and considerable opacity of the delicate layer reflected over the surface of the cornea.

This case was the sequel of an acute attack of conjunctivitis taking place more than six months previous. The conjunctiva lining the upper lids was very thick, hard and rough, and by its contact with the cornea contributed much to produce and perpetuate the superficial opacity which now almost destroys

the vision. There is still a morbid sensitiveness of the eyes, as indicated by the free flow of tears when they are opened for examination.

Treatment.—The upper lids were everted and a smooth stick of nitrate of silver applied, so as to thoroughly cauterize the granular surface. The coagula were washed away with a camel hair pencil, and the lids allowed to close. It was remarked that this application should be repeated about every third day, until the granulations were removed. In the interval between these applications, a solution of sulph. morphine 5 grs. to the ounce of water, may be dropped into the eyes three or four times a day to lessen their irritability. This patient had been much debilitated by the protracted use of cathartics and low diet, and he was ordered a teaspoonful of the tincture of cinchona three times a day, each holding in solution the sixteenth of a grain of bi-chloride of mercury.

CLINIQUE OF PROF. DAVIS, in the Medical Department of Lind University. Saturday Afternoon.

Case 1st. *Acute General Dropsy.* The remarks on this case were substantially as follows:—The patient, a native of Ireland, aged about 38 years, was engaged some three weeks since in labor on the prairie, where he got thoroughly wet by a shower of rain, and slept on the damp ground in a temporary shanty.

This was followed by a fever, accompanied by severe pain in the head and back, with decided scantiness of urine. No regular medical aid was obtained, but the patient says his fever subsided in five or six days, but the pain in the loins continued and his feet and ankles began to swell. This swelling rapidly increased, until at present he is universally oedematous; the lower extremities being very much swollen, and pitting deeply on pressure; also a moderate amount of effusion into the abdominal cavity. His pulse is still more full and frequent than natural; his tongue coated; his urine diminished in quantity, and pale in color; with a moderate degree of pain in his back. Those members of the class who have attended the Mercy Hospital and listened to the comments on a case of ascites, a

few days since, will readily recognize this as a case of general dropsy; and consequently arising from some cause capable of altering the relative proportion of the constituents of the blood. One of the most common and important of these causes, is such a pathological condition of the kidneys as allows the albumen of the blood to escape with the urine. As the viscosity of the blood depends much on the albumen, whenever the latter is diminished in quantity by excretion through the kidneys, the whole mass of the blood becomes thinner, and dropsical effusions very generally occur.

Finding by auscultation no evidence of organic disease of the heart, and nothing in the history of the case to indicate chronic ague or other causes of anemia, attention must be turned to the kidneys as a probable seat of disease. The exposure to cold and wet that immediately preceded the attack of sickness in this patient, the pain in the loins, the fever, and the scantiness of urine, which characterized the early part of the sickness, soon followed by oedematous effusions into the cellular tissue, point strongly to the kidneys as the seat of such a degree of inflammatory engorgement as to cause the excretion of albumen. This can only be determined certainly, however, by applying the proper chemical tests to the urine. The patient having brought a specimen of his urine in a vial, it was subjected to the tests of heat and nitric acid, before the class. Both the tests caused an abundant precipitate of albumen. The lecturer observed that we had now demonstrative proof that the action of the kidneys was perverted, and that the amount of albuminous excretion was sufficient to impoverish the blood and explain the appearance of the dropsy. But this did not complete the diagnosis. The question now remains, whether the perverted action of the kidneys, is dependent on a simple hyperamic or inflammatory condition of their secreting structure, or on that peculiar organic change which is properly denominated albuminuria, Bright's disease, or granular kidney? Practically this is a question of much importance.

On its proper solution depends both the correctness of the prognosis and the success of the treatment; the true granular kidney being to a great extent incurable, while those cases of

acute dropsy with albuminous urine, dependent on mere inflammatory congestion of the kidneys, can generally be speedily relieved, especially if brought under treatment in the early stage of its progress. In making the diagnosis on this point, we must rely much on the manner of the attack. If the health of the patient has declined slowly, feeling depressed in mind with various dyspeptic symptoms, and more or less pains in the loins, with a sense of weakness for several months before any signs of œdema appear; if the latter increases very slowly with a corresponding increase of the preceding symptoms, the urine itself being small in quantity and pale in color, it is quite certain that the disease is a granular degeneration or organic disease of the kidneys. On the other hand, if the attack of sickness has come on suddenly with fever, after a sudden exposure to wet or cold, or during the convalescence from some idiopathic or eruptive fever, and the dropsical effusions have been developed with almost equal rapidity, it is more than probable that the disease is simply inflammatory in its nature. The class will readily recognize the patient before them as belonging to the latter class. His previous good health, the severe exposure to wet and cold, the fever and pain in the back that immediately followed, ending in a few days in general œdema of the cellular tissue, are sufficient to show that the present condition of the patient could not depend on a slow change of structure like the true granular degeneration, or Bright's disease. Being fully satisfied that the disease was inflammatory, the lecturer directed six powders, each containing calomel 2 grs., pulv. digitalis leaves 2 grs., and pulv. doveri 5 grs., to be given every four hours; and when all are taken follow them by sufficient rhubarb and cream of tartar to move the bowels briskly. After this he advised one of the same powders to be given each morning, noon and night, until five or six more had been taken; then omit the calomel and substitute in its place 8 grs. of nitrate of potassa.

He also directed that after the operation of the first dose of physic, the patient should use a solution of bi-tartrate of potassa as a drink. This course of treatment was carried out during the succeeding week, and on Saturday the patient returned to the clinique very much improved.

The bowels had been kept soluble, the urine had increased in quantity, and the amount of dropsical effusion had been much reduced. A specimen of the urine was exhibited to the class, and subjected to the action of heat and nitric acid, and although there was still a trace of albumen, its quantity was very much diminished. He was directed an infusion of uva ursi, digitalis, and nitrate of potassa, to be taken four times a day.

On his return to the clinique the following week, he appeared quite well; his urine was abundant and presented no trace of albumen.

EDITORIAL.

We are very much obliged to our editorial brethren for the kind notices they have made of our first issue.

Many of them have represented the *Examiner* as the organ of the Medical Department of Lind University, with which the senior editor is connected. Though we do not complain of this, it is nevertheless untrue. The faculty of that Institution neither contribute a dollar to the support of this Journal, except as individual subscribers, nor control a single one of its pages. So far as the plan of instruction in that Institution accords with what we think the interests of the profession require, we shall commend it, but no farther. And we shall do the same thing by any other Medical College of which we may have occasion to speak, whether located in this city or elsewhere.

The *Chicago Medical Examiner* is the property of its editors, and as independent of all schools, clubs, or cliques, as any other medical periodical in the United States.

MEDICAL INSTRUCTION IN CHICAGO.

The two Medical Colleges in this city are pursuing the even tenor of their way, each carrying out its own system of instruction successfully. The course in the Rush Medical College, which is still restricted to sixteen weeks, is rapidly drawing to

a close; while that in the Medical Department of the Lind University continues until the first Monday in March. The number of Students in the latter Institution is 32. Its two departments, junior and senior, are carried on simultaneously with perfect regularity, and to the entire satisfaction of both divisions of the class.

We have recently received an announcement of the "Chicago Summer School of Medicine," by which we learn that Drs. G. K. Amerman, E. L. Holmes, J. P. Ross, E. Powell, H. W. Jones, W. C. Hunt, G. A. Mariner, and E. O. F. Roler, have associated themselves together for the purpose of giving medical instruction to such students as may be induced to listen to them after the annual courses in the Colleges have closed. They promise one clinique, one lecture, and one recitation or examination each day, commencing on the first Monday in March, and continuing *sixteen* weeks. Terms \$20, for the course, or \$3.00 for single tickets.

All the members of this Association are young men of respectable attainments, and will do their best, both to instruct and please any who may place themselves under their charge.

We are authorized also to state that the Medical Faculty of Lind University will receive Students for the entire summer, and afford them every facility for pursuing the various branches of medical study, including hospital and dispensary clinics, microscopy, and experimental physiology.

EXPERIMENTAL PHYSIOLOGY. •

We see it stated in a recent number of the *Med. and Surg. Reporter* of Philadelphia, that a claim had been set up to the effect that Professors A. Flint and J. C. Dalton, were the only teachers in the United States who illustrate their instruction in physiology by vivisections. The *Reporter* corrects this by adding the names of two other gentlemen in that city. And we further correct it by adding the names of Professors Deville and Hollister, of the Lind University, who have made some beautiful demonstrations by vivisections before the class during the present lecture term.

PROF. DEVILLE'S LECTURE.

Some of our readers may think that we occupy too much space in the original department of the *Examiner* with a single article. We think, however, that in a Journal of 64 pages, it were better if we could have in every number *one* well written essay, in which some important subject is thoroughly investigated, than to fill the whole space with short and incomplete articles. It would contribute much more to the advancement of the science and literature of the profession, and yet leave room for an ample variety of matter. We are sure that the merits of Prof. Deville's lecture in the present number will fully repay a careful perusal by every reader.

RUSH MEDICAL COLLEGE CLINIQUE.

IMPORTANT NOTICE.

A regular clinique is given in the amphitheatre of the Rush Medical College every Saturday afternoon, by the Professor of Surgery, Dr. Daniel Brainard. Such cliniques are given in almost all the Medical Colleges throughout the country, and they are everywhere free for the attendance of regular practitioners, and especially for the *alumni* of the respective schools. Acting in accordance with this general custom, one of the Editors of this Journal, in company with another young practitioner of this City, (both being recent graduates of that College, and in good standing in the profession) went to the Rush Medical College, at the clinique hour for the 17th of December, and quietly seated themselves with the class in the lecture room. The Professor of Surgery soon entered with a patient, and began his clinique. He had proceeded but a few words when he discovered the two young practitioners alluded to, in the audience. He suddenly stopped, left the room, and in a few minutes sent them the following notice in his own handwriting, viz :

"Dr. STEELE,

No person is allowed in this Clinique except members of the class and invited persons.

D. BRAINARD."

Of course the two gentlemen retired. But as this authoritative announcement from the President of that College, establishes a new order of things there; and especially a new relation between it and its numerous alumni, we have thought it proper to give the profession due notice of the fact; that any who might hereafter wish to spend an hour in the learned Professor's Clinique, should be careful to contrive some way to obtain a special "invitation" first. Of the propriety and *peculiar liberality* of this novel arrangement, we shall leave the profession to judge.

CHICAGO COLLEGE OF PHARMACY.

We are glad to know that the efforts of a few of our leading and most enterprising Druggists, have resulted in establishing the above Institute upon a sure basis; and that during the progress of the first annual course of instruction they have shown themselves satisfied with the spirit that has called the enterprise into existence, by extending the hand of patronage. For we have never doubted that an effort to more fully develop the vast resources of our city, as well as elevate the standard of general professional requirements, would meet with a just and generous reward.

The members of the faculty are: James V. Z. Blaney, M. D., *Professor of Chemistry*; F. Scammon, M. D., *Professor of Pharmacy*; and John H. Rauch, M. D., *Professor of Materia Medica*.

ILLINOIS STATE MEDICAL SOCIETY.

The next Annual Meeting of the State Society will be held at Paris, Edgar Co., the second Tuesday in May next. We call attention to this matter thus early, to remind the members of the profession of the duty they severally owe the Chairmen of the respective Committees. It is to be hoped that the following will be made a subject of special consideration:—

TO THE MEDICAL PROFESSION.

At the Annual Meeting of the *Illinois State Medical Society*, held at Decatur on the first Tuesday in June last, the undersigned was appointed a Special Committee on the Medical uses of *Veratrum Viride*.

Being desirous of gaining all the information within reach, bearing upon the subject, so as to make as full and satisfactory a report as possible, I take the liberty of addressing you the following questions, and respectfully solicit an early answer.

1. Have you made use of *veratrum viride* in your practice? If you have:
2. In what form do you use it; (if the tincture; whose preparation?) and in what dose?
3. What are its effects?
4. In your opinion, what is its *modus operandi*?
5. What value do you attach to it as a remedial agent?
6. In what diseases have you found it most useful?

Give any other information upon the subject you may possess, and address A. HARD, M. D., Aurora, Kane County, Ill., as early as the first of March, 1860.

Yours, &c.,

Aurora, Ill., Nov. 28, 1859.

A. HARD.

FLORA OF ILLINOIS.

From a communication of Dr. George Vasey, of Ringwood, to the *Chicago Academy of Sciences*, we learn that about 200 species, including some 50 species of Cryptogamic plants, have been added to the Catalogue of the State; making some 1,200 species thus far observed.

A FAVOR.

The unexpected demand for the first number of the *Examiner* has so far reduced the edition on hand, that we would esteem it a special favor if any of those who have received the January number, and do not wish to become subscribers, would return the same to us, at our expense.

THE CHICAGO MEDICAL EXAMINER

VOL. I.

MARCH, 1860.

No. 3

ORIGINAL COMMUNICATIONS.

ON TUMORS IN GENERAL AND HARD FIBROUS TUMORS.

By **TITUS DEVILLE, M. D.,**
Professor of Anatomy in Medical Department of Lind University.
(Read to the Chicago Medical Society.)

I.—*Origin of Tumors. Theory of development and growth.*

A.—The elementary textures are of the same kind and produced in the same way as they are in normal tissues, external, fatty, glandular and vascular tumors.

B.—The blood furnishes a blastema in which cells are developed, and which undergo the same metamorphosis observed in the development of similar textures in the embryo, as in fibrous and osseous tumors.

C.—By multiplication of cells, which either already exist or are formed, and by their numbers and mode of arrangement alter the normal relations of the textures, as in epithelial, cartilaginous and cancerous growths.

D.—One or more of these modes of development and growth may be combined, and thus we get fibro-cartilaginous growths, etc.

It has been asserted that tumors have their origin from extravasated blood or *inflammatory* exudation becoming organized, but this is probably incorrect.

1st.—Because when these materials organize, they gradually *decrease*, and become more like the surrounding parts, whilst tumors gradually *increase*, and pursue a development and growth peculiar to them. In the inflammatory exudation there

is a continuous tendency *towards conformity* with the type of the body; in tumors a *direct and continuous deviation* from it in shape and volume, if not in texture.

2d.—A tumor may be like the natural tissues of the body, but as a growing substance it is unlike them, because it grows out of proportion to the rest, and apparently with inherent power and with no seeming purpose.

3d.—Even when a tumor has attained its full growth, excepting in the rare case where a tumor is absorbed, there is no indication of a return to the normal type or condition of the body, we find no improvement as in the case of organized lymph, exuded in inflammation, nor adaptation to purpose; no assumption of a more natural shape, but has rather a tendency to degenerate. From these premises we demonstrate the nearly independent nature of their growth and cessation, and whilst forming part of the bodily organism and borrowing from it the materials to nourish them, tumors grow, maintain themselves or degenerate, by virtue of forces inherent in themselves.

II.—*Elementary Structure of Tumors.*

1st.—Molecules and Granules.

2d.—Nuclei.

3d.—Cells.

4th.—Fibres.

5th.—Tubes (particularly Vascular ones.)

6th.—Crystals, or irregular masses of mineral matter.

These elements, though severally combined in tumors, do not serve specially to characterize any particular one, for the reason that tumors very unlike each other in their external characters and natures, may be composed of the same elements; external, cystic, glandular, cartilaginous and cancerous growths, are all fibro-cellular.

III.—*Formation of Fibrous Growths.* Two kinds.

1st.—By an exudation in which new fibres are formed.

2d.—By hypertrophy of fibrous tissue already existing, by their division or enlargement, external hypertrophy of voluntary and involuntary muscular fibres.

The first form presents us with several varieties:

A.—*Molecular Fibres.* By the coagulation of the exudation

in which the molecules arrange themselves in a linear manner, as in buffy coat of a coagulum.

B.—*Nuclear Fibres.* By nuclei being formed in exudation, which elongate and shew a tendency to fibrillate.

C.—*Cell Fibres.* By cells being formed which become fusiform, split up, and form fibres, as in formation of healthy tissues.

In these three ways we get all varieties and forms of fibrous element, from the most delicate areolar tissue to structures as dense as ligament or fibro-cartilage.

IV.—*Pathological Fibrous Tissue is met with :*

1st.—In form of cicatrix.

2d.—In white patches on pericardium, pleura, and peritoneum, the consequence of chronic exudation on serous membranes.

3d.—Thickening after sub-cutaneous section of tendons.

4th.—Indurations and thickening of skin, cirrhosis of liver, lung and kidney from an increase of the areolar tissue.

5th. Tumors which are divisible into

A.—Sarcomatous or *soft* fibrous tumors.

B.—Dermoid or *hard* fibrous tumors.

C.—Neuromatous fibrous tumors.

V. — *General character of Dermoid or hard Fibrous Tumors.**

They have been called dermoid from their resemblance to dermis, and if we take the dermis of some large mammal, as the whale, the analogy of structure is very evident. Their color is generally white, but sometimes inclining to yellow; tough, heavy, and of considerable density, which varies from that of a tendon to that of ligament and fibro-cartilage. To the touch fibrous tumors are usually very firm, often extremely so, they may even be as hard and incompressible as hard cancers; if they are soft or fleshy, or succulent, it is from œdema or inflammatory softness, or infiltration of their substance. Fibrous tumors seem to grow in a spherical or oval

* Dr. Baillie described fibrous tumors, or fibrous bodies, as "hard fleshy tubercle" of uterus. Cruveilhier calls them "productions fibreuses parasitaires." The older pathologists called them "schirrus," with which they were confounded. Wm. Hunter was the first to point out their true nature, and to separate them from the classification of tubercular and schirrous tumors. But it is principally at the commencement of the present century that their true nature has been studied and ably commented upon by Dupuytren, Laennec, Cruveilhier and Andral.

shape, the surface being smooth or superficially lobed, but we find them differ occasionally from the type when they mutually press on one another, or are pressed upon by surrounding parts. When a fibrous tumor is pendulous, the lowest part grows most, or is most swollen, and thus it assumes a pyriform shape rather than a spheroidal, but retains its smooth surface; when it grows into a cavity it is apt to assume the shape of that cavity, or else becomes deeply lobed. They are so elastic, that when cut their surfaces rise in convexities like those of the intervertebral substance, presenting numerous white glistening fibres, intimately interwoven together. The bundles of fibres are often arranged in concentric circles around many centres, so that in the section we have a vague imitation of the aspect of the intervertebral substance. On making a section of this large fibrous tumor of the uterus, a number of these concentric masses are found to exist, and the fibres are seen coursing and curling in all directions, but more or less disposed to include certain definite spaces within them, so that we see several small round circumscribed tumors imbedded in the walls of the uterus, many of them being coated with a layer of calcareous matter. Now, as these grow, they project from the surface, and then slowly enlarge within the cavity of abdomen. Very often a bunch of them grows from the surface, as seen in the specimen under consideration, forming a mass of distinct tumors. Occasionally they become pedunculated, and some of them may here be seen hanging by a slender cord to the fundus, and they are occasionally found loose in the abdomen from rupture of the pedicle. They are not very vascular, though there is some difference in this respect, some approaching the pinkish hue and softness of sarcomatous growths; others, like this tumor, being of a dead white; of extreme density, and but few vessels. They become more softened and vascular during pregnancy, assuming a bluish-red color, but as soon as the uterus returns to its natural shape, the morbid growth also resumes its ordinary character. We may state generally that fibrous tumors are modified in their character and structure towards an imitation of the tissues in or near which they are severally placed.

From the all pervading character of fibrous and connective tissue, it will not be a matter of surprise to find that these tumors are of most frequent occurrence in every part, but by far their most common seat is the uterus; again, that of all the abnormal formations which occur in the uterus, fibrous tumors are the most common. According to Bayle's calculations, they are found in twenty per cent. of the women who die after 35 years of age. Fibrous tumors may occur near, as well as in the uterus; in those parts in which smooth muscular tissue, like that of the uterus is found to extend, viz: Utero-rectal, and utero-vesical folds and the broad ligaments.

The uterus consists of muscular fibre, but which is scarcely distinguishable by an unpractised eye from simple fibrous tissue in the unimpregnated state, and the tumors which grow within it are composed of the same elements, (i. e. smooth or organic muscular fibres are more or less abundant, like as in the uterus itself.) It is, however, when the organ is rapidly growing in size, during pregnancy, that new well formed muscular fibres become developed, and then it is that a tumor, if one be present, also increases, in accordance with the activity of the nutrition of the uterus, the muscular nature of the tumor becomes apparent, and in consequence of this, the name '*muscular tumor*' has been substituted by Vogel for that of fibrous. We cannot say that they are strictly muscular tumors, but the *mingling* of muscular fibres, in imitation of the tissue of the uterus, is constant in these tumors. It is observed that when tumors are developed in the substance of the organ, its muscular fibres become hypertrophied as in pregnancy; its blood vessels enlarged, and venous sinuses may, as in the condition of pregnancy, give rise to the '*bruit de souffle*.' (Preparations 375 to 377. M. D.) Very generally we find elastic fibres intermingled with the more abundant fibrous tissue.

Fibrous tumors growing in solid organs have usually a complete fibro-cellular capsule, and in the uterine walls it is peculiarly dry and loose, so that when we cut on the tumor it almost of itself escapes from its cavity. The number of these tumors varies, rarely unique, more commonly mutiple and isolated. M. Huguier has given a case in which these mutiple tumors

were enclosed by one common enveloping membrane, constituted by a layer of hypertrophied areolar tissue. Their volume varies from a grain of flax seed to an adult head, and even larger. Their growth is through nucleated blastema. Growth generally slow and painless, so slow that tumors of thirty or more years existence are found still far short of the enormous dimensions which they ordinarily attain.

No general rule can be given, especially as the rate of growth is influenced by the resistance afforded by the more or less yielding parts around. The extent of growth seems unlimited; amongst fibrous tumors are found the heaviest yet known, 50, 60, and 70 lbs. Walter wrote his essay on a tumor which weighed 71 lbs., and refers to one which weighed 74 lbs. My friend Dr. Francis, of New York, described one in the *American Journal of Medical Sciences*, over 100 lbs. Cancer cells are never found in them; in cases in which they were said to have existed, it was *merely the fibrous tissue around the cancer which was hypertrophied*, and evidently was not a tumor in a degenerate condition. Occasionally, after extirpation, they have been found to recur and pursue *a course like cancer*, growing in internal organs, with a tendency to sloughing or ulceration, involving adjacent structures. (*Vide* cases reported by Paget and Syme.) Hence they have been termed 'malignant fibrous tumors;' but the question of real malignancy of structure is *doubtful*, inasmuch as they are identical in all respects of structure and chemical composition with the fibrous tumors of the uterus, excepting their muscular fibres. The probable fact is, that in such cases the surgeon really leaves multitudes of germs behind, infiltrated among muscles and neighboring parts, which may be detected there by the microscope, although invisible to the naked eye, and thus continue to propagate the disease. The principal character by which fibrous tumors differ from those of cancer, is, that on scraping them, *no milky juice* is exuded. The firmness of these tumors, or hardness when cut with a knife, is sufficient to characterize them, and especially if there be any gritty or earthy matter within them, which never occurs in softer or cancerous growths. When they approach the skin they may ulcerate, and have

sometimes been mistaken for a cancerous degeneration. In order to prevent confusion in the classification, I prefer to call them uterine fibrous tumors, which grow internally, under the name of '*internal and pedunculated fibrous tumors*.' They are continuous out-growths of and from the substance of the uterus, the membranous, muscular and fibrous tissues of the uterus, growing in various proportions into its cavity and that of the vagina. The fibrous tumor polypus, is sometimes called '*muscular polypus*,' from the great development of muscular fibres, which would appear to be an effort of nature to rid itself of these tumors by expelling them from the cavity.

VI.—*Special characters, etc., of hard Uterine Fibrous Tumors.*

1st.—*Their seat is different* from the soft polypi, as well as the structure. The hard fibrous polypi are nearly always attached to the *fundus*, or on one of the walls of uterus (well shewn in specimens Nos. 366, 368, 369 Musée Dupuytren); whilst the soft polypi are situated in the *neck* or its immediate neighborhood; and which are nothing more than an hypertrophied condition of the mucous and glandular structures of this region.

M. Huguier has given a remarkable exceptional case of a fibrous tumor of the neck of the uterus, which had caused an elongation of its posterior lip.

2d.—*The disposition of the fibres* is different from the soft polypi; in the hard polypi the fibrous tissue is in *hard concentric layers*; on the contrary, in the *soft* the fibrous tissue *radiates*, and the bundles of fibres are separated by cavities which enclose ordinarily a clear viscid fluid, hence these have been called '*gelatinous polypi*.'—Preparations from 356 to 360 M. D.

3d.—The whole wall of the uterus may be crammed with fibrous tumors, whilst others project from it into the peritoneal cavity. It has been observed that when a fibrous tumor fills the cavity of the uterus, or projects from it into the vagina, it is not usual for another to be found in its walls. They do occur, but comparatively rare. It is yet much rarer for fibrous tumors to occur in any other part, when they do exist in the uterus. One *apparently exceptional case* is recorded by Dr. Sutherland, where a fibrous tumor was found in the groin of a

lunatic 42 years old, *but if it were connected with the round ligament*, it might be an *example* of the rule.

4th.—Fibrous tumors may occupy all parts of the uterus, but their seat of predilection is in the following order: first, walls of uterus, principally posterior; second, Fundus; third, anterior wall of neck.

5th.—When the tumor is developed from *the mucous surface* of uterus (sub-mucous tissue) it soon becomes pedunculated, distends the cavity, and may attain such development as to simulate pregnancy, the neck and os dilate, and it may protrude into the vagina, simulating pregnancy arrived at its last stage.

6th.—When the pedicle is attached to fundus, it may turn the uterus inside out. (*Vide* preparation No. 377 Musée Dupuytren.) Such an accident would render it difficult in the operation of extirpation of the tumor to distinguish between the fibrous tumor and the wall of the uterus; and it is important not to mistake for the pedicle the invaginated portion of the uterus, because if cut the uterus *would then communicate with the peritoneal cavity*.

7th.—When this pedunculated tumor is developed from the sub-peritoneal tissue of the uterus, the volume which it acquires may be considerable, and it may distend the abdominal cavity by rising out of the pelvis, the uterus being much lengthened by being drawn upon by the pedicle, and the neck, as in the case of pregnancy, would be found higher.

8th.—According to Rokitansky the appearance of these tumors is never before the 30th year, and most frequently after the 40th.

9th.—Whilst fibrous tumors are most frequently generated from the fundus, carcinomatous disease is developed from the inferior segment of the uterus.

10th.—Those tumors which are embedded in the walls of the uterus appear to be encysted, being limited by an enveloping fibrous membrane, a sort of cyst. These tumors are but little vascular, we scarcely ever meet with vessels but on their surface in the cellular tissue, rarely do we see them penetrate into the centre of the tumor, if two or three fibrous tumors are united together by cellular tissue, we find vessels in the con-

nective tissue. For these reasons the tumors themselves cannot readily inflame, but their enveloping fibrous membrane, which is very vascular, may become the seat of inflammation, which if it has been intense and existed some time may render the tumor more or less deeply red and soft.

11th.—One thing very remarkable is that these fibrous tumors, when they lie free in the abdominal cavity by rupture of the pedicle, they may remain a long time without undergoing any alteration, although they are exposed to putrefactive agencies, (i. e. Heat and moisture.) Some authors have supposed this absence of putrefaction to be due principally to the absence of the contact of air, and the slight vascularity of these tumors, and under this condition presenting an analogy to foreign bodies in the joints. We may consider heat as necessary to their life, at the same time they are surrounded by serous exhalations. It is possible that the heat favors their imbibition of these liquids, which may be a mode of vitality for them up to a certain point, but it is more probable that they undergo calcareous degeneration. Some doubt still exists amongst pathologists as to the existence of these tumors lying free in the abdominal cavity.

Degeneration of fibrous tumors are of three kinds: Calcification, cysts and softening or disintegration, thus giving rise to the terms Fibro-cystic and Fibro-calcareous tumors.

1st.—Calcareous matter is found to exist in these tumors in two forms, either coating them with a thin layer of chalky substance, or deposited abundantly throughout the tumor so that it forms a hard mass. If it grows inwards, the cavity of the uterus may be occupied by such a mass. The structure is amorphous, possessing none of the characters of true bone, and for this reason it cannot be supposed to be an exostosis, as was thought from a specimen found in a churchyard. An oval, coral-like mass, five inches long, was sent to J. Hunter, as a urinary calculus; on analysis it was found to contain $18\frac{1}{2}$ per cent. of animal matter, consisting of gelatine, with a small proportion of albumen, and its other chief constituents were phosphate and carbonate of lime, the carbonate being greater than in human bone. Such masses consist of an amorphous and

disorderly deposit of salts of lime and other bases in combination with fibrous tissue; and not true osseous tissue, which is rarely formed in fibrous tumors of the uterus. Though the degeneration of fibrous tumors into bone is denied by most pathologists, yet a specimen which I examined, taken from a subject in the Ecole Partique of Paris, there was a large osseous tumor of the uterus of several pounds weight. It was examined microscopically by M. Martin Magron and M. Robin, and was presented to the Societe Anatomique de Paris. Lebert (*Physiologie pathologique*, 1842, Tome 2me atlas fig. 22) states that on two occasions he has seen true bone produced in these tumors. Wedl has figured true bone in the interior of these growths. This process of calcification is important as being a manifestation of a loss of formative power in the tumor. When in this state they never grow, and are as inactive as the calcified arteries of old age.

2d—The formation of cysts is not unfrequent in fibrous tumors, especially when the textures are more than usually loose. It may be caused by a local softening and liquefaction of a part of the tumor, with effusion of fluid in the affected part, or to an accumulation of fluid in the interspaces of the intersecting bands, and these are the probable modes of formation of the roughly bounded cavities that may be found in uterine tumors. But in others, of small size, and highly smooth polished internal surfaces, it probably depends on a process of cyst formation, corresponding with that traced in cystic disease of breast and testes. They contain a serous or gelatinous fluid.

3rd.—Softening or disintegration is usually the result of inflammation of the hypertrophied sub-mucous or sub-peritoneal areolar tissue enveloping these tumors, and affecting their nutrition.

Complications arising from Uterine Fibrous Tumors.

A.—On uterus itself.

B.—On surrounding organs and tissues.

1st—The interstices of a fibrous tumor may become dilated into cysts or cavities containing a serous fluid from excessive exhalation of the intervening cellular tissue, and it is of extreme importance, inasmuch as they present fluctuation, and may be

mistaken for ovarian dropsy, hydrometra, acephalocyst of the uterus, or pregnancy. Several cases have happened in which a cyst of large size, developed in a fibrous tumor of the uterus has been mistaken and treated for an ovarian cyst. There is a specimen in Museum of Royal College of Surgeons, in which Sir E. Home twice tapped. Another in the Museum of St. George's Hospital, in which M. Cesar Hawkins drew off fifteen pints from a cystic tumor developed in the side of the uterine wall.

2nd.—In the unimpregnated uterus all forms, but especially the sub-mucous and interstitial are apt to be accompanied by severe recurrent hemorrhage reducing the patient to the last stage of exhaustion, produced by hypertrophy, inflammation and even ulceration of the mucous membrane necessitating their extirpation.

3rd.—M. Barnetche gives an example of an abscess being developed in the thickness of one of these fibrous tumors, occurring in a woman who died in forty-eight hours after a difficult labor, it is probable that the tumor was multiple, and that the abscess was developed in the hypertrophied cellular tissue uniting them.

Dr. Robert Lee found in the centre of a fibrous tumor, a cyst filled by a clot of blood. The same explanation as in last. It was in all probability developed outside the tumor.

4th.—M. Chassignac, (*Bull. Soc. anatomique de Paris*, 1843, p. 10) gives a very rare example where a fibrous tumor caused an occlusion of the uterine cavity, by adhesion of the opposing surfaces of the mucous membrane.

B.—On surrounding organs and tissues.

1st.—One of the most common is inflammation of the sub-peritoneal tissue, exciting local peritonitis, which may result either in adhesion of the tumor to surrounding organs and walls of the cavity, or in softening abscess, etc. Occasionally the ureter has been seen to be enclosed within an organized band of areolar tissue, interfering with the function of the kidney of that side. (Such a case occurred to me whilst at the *Ecole de Medicine de Tours, France*.)

2nd.—Not uncommonly, when the tumor is very large we meet with obstructions to the caval and portal circulations,

from pressure on the great veins, giving rise to dropsical effusions, varicose veins, etc.

3rd.—Great distention of the colon, from pressure on the sigmoid flexure, if the tumor be of considerable dimensions and projects freely into abdominal cavity on its left side, giving rise to obstinate constipation.

4th.—From pressure on the viscera of the abdomen, the functions of digestion and assimilation may be seriously impaired.

The author acknowledges his indebtedness to the works of Paget and Bennett on tumors, and to the various works referred to in the text.

PUERPERAL ECLAMPSIA.

By RALPH N. ISHAM, M. D., Prof. Surgical Anatomy, Lind University, Chicago.

(Read before the Chicago Medical Society, Sept., 1859.)

In the 10th No., 1st Vol., of the *Chicago Medical Journal*, was published the first part of an article upon Puerperal Eclampsia, intended to be finished in some succeeding issue. So long a time has since intervened, that it would not seem improper in now offering the continuation of that article, to give a resume of the views suggested at that time.

After defining puerperal eclampsia, I adverted to the fact that albuminous urine is always present in puerperal convulsions, and discussed the question of its identity with Bright's disease, detailing the reasons put forth in support of, and in opposition to such theory; aiming myself at the conclusion that the former may exist without Bright's kidney being present (since autopsies of eclampsia in a minority of cases, shewed the absence of Bright's disease) and arriving generally at the following results.

1st.—That equally in Bright's disease, and puerperal eclampsia, the presence of albumen in the urine and urea in the blood were due to a disordered state of the kidneys.

2d.—That while in Bright's disease, the results were due to a permanent structural disorganization, typical of that disease, in puerperal eclampsia many cases were due to a tempo-

rary functional derangement of the kidneys consequent upon a variety of causes, then enumerated.

3d.—That such temporary derangement might proceed so far as to cause Bright's disease.

4th.—That sometimes it does not, because the existing cause being removed by parturition the kidneys perform their functions normally.

5th.—That eclampsia occasionally occurring in Bright's disease are due to a special cause—the derangement of the kidneys, and consequent inability to eliminate the urea.

6th.—That the eclampsia is not due to the presence of the urea in the blood only, but is due to the change of the urea into carbonate of ammonia.

7th.—That the cause of this change is not known.

In this paper which I offer to the Society to night, I simply propose to state some of the experiments which have justified the theory that urea is the cause of eclampsia, and the manner in which this poison acts upon the system.

It is stated that urea may be injected into the veins of animals without serious results, and that even the extirpation of the kidneys will not give rise to uraemic intoxication, and that no urea is detected in the blood after this mutilation.

Thus Bichat injected filtered urine, and Bernard, Lehman, and Frerichs, have injected urea into the veins of animals without any evil consequences, so that it would appear that urea is one of the constituents of the circulation, and in fact it has been repeatedly detected of late by several observers, in the healthy blood; but the difficulty of so doing, is apparent, when it is remembered that the healthy kidneys remove it with such rapidity that it never exceeds the one-fiftieth of one per cent. of the circulation; but on the contrary, in carefully observed experiments on animals, from which the kidneys have been removed, and shown no symptoms of uremia, *vomiting appears*, and in the vomited matters urea is present. And in the subsequent experiments of Bernard and Barreswell, it appeared to them as a singular circumstance that in those animals which survived a length of time the removal of the kidneys, that a period varying from 24 to 48 hours elapsed before urea could be de-

ected in the blood, and it became a question in what way the urea escaped from the system during this interval.

Two of the dogs died shortly after the *kidneys were removed*, the one from suffocation, the other from peritonitis. In the blood, which was carefully tested, no urea could be found, but the gastric fluids liberated on the addition of caustic-potash a suffocating ammoniacal odor, and the intestinal fluid and bile also disengaged large quantities of ammonia when similarly treated. They observed that in those animals which survived longer and died from exhaustion, that the gastric fluid was *increased* in quantity, and secreted during fasting and digestion; and that no urea could be detected in the blood until the animal became weak, and the gastric fluid diminished in consequence. Inferring from these experiments that after extirpation of the kidneys, the urea is eliminated in the form of ammonia by the intestinal tube, and chiefly by the gastric juice; that it is not to be detected in the blood until the vital powers have become so oppressed that the intestinal fluids are diminished in quantity to the extent that the supplementary channels for its separation are cut off.

A case recorded by Dr. McDowell, in *Dublin Hospital Gazette*, for March, 1856, is confirmatory of these facts.

A patient, aged 38, received a severe injury in the right side, followed by hæmaturia. In a few days vomiting supervened without symptoms of gastritis; tongue natural, and *no* tenderness of epigastrium. During the vomiting spells, the amount of blood discharged by the kidneys was greater, and the urinous smell very faint; whilst at other times it was strongly marked by the presence of ammonia. The erethism of the stomach increased, everything was rejected, and medicines useless: the mental faculties were unimpaired to the time death occurred.

An analysis of the vomited matters confirmed a suspicion of its containing both urea and ammonia; of the former in the proportion of one-fifth of a grain to fluid ounce. The renal secretions was alkaline. These results shew that the *stomach* assists the kidneys in removing urea in the form of ammonia (nitrogen) out of the system when those organs are in a diseased state, unable sufficiently to perform; and this vicarious

action may explain the reason why in *all* cases of suppression uraemia does not take place. Although the given amount of vomited matters may contain less quantity of urea than the urine in a healthy condition, it is compensated for by the greater amount.

In the experiments of Bernard and Barreswell, the animals continued awake so long as this ammoniacal secretion poured out by the stomach continued, but directly it ceased, the symptoms of uraemic intoxication set in.

Frerichs' has repeated these experiments, but differs with Bernard and Barreswell in supposing that the resolution of urea into carb. of ammonia in this uraemic vomiting takes place in the stomach, by asserting that it is effected in the blood and vascular system. Now, to produce uraemic intoxication, we must have, first, urea accumulated in the blood; and secondly, it must be changed into carb. of ammonia.

Frerichs likens individuals whose blood is impregnated with urea, to animals into the veins of which amygdalin has been injected; from the presence of this agent alone, as of urea, they suffer little inconvenience, but a single sweet almond taken into the stomach suffices to deluge the blood with prussic acid, causing death instantly. The same reaction takes place through the stomach or its circulation as when an emulsion of sweet almonds is added to amygdaline, giving rise to a volatile oil and hydrocyanic acid, the emulsion acting the part of a ferment.

To prove the theory that eclampsia is the result of uraemia, it must be shewn

1st.—That in all cases of uraemic intoxication the urea must be converted into carb. of ammonia.

2d.—That the symptoms of *eclampsia can be produced by the presence of carb. of ammonia in the circulation.*

Two series of experiments by Frerich's are offered as the required proof.

In the first, a solution of 30 grs. of urea was injected into the veins of animals, from which the *kidneys had been previously removed.* In from $1\frac{1}{4}$ to 8 hours they became restless, vomited acid chyme, or alkaline, according to the state of fullness of the

stomach at the commencement of the experiment. At the same time that ammonia was perceptible in the expired air, convulsions supervened, which occasionally ceased and returned again, and gradually passed into stupor with stertorous breathing.

In some cases convulsions were absent, and then sopor and coma were the first symptoms. After death, which occurred in from 24 to 19 hours, ammonia was found in large quantities in the *blood*. The contents of the stomach remitted a strong urinous odor, and contained much ammonia; in *one* case only was it acid, and even then it contained ammonia. The stomach was injected, the brain and membranes being normal in appearance.

In the second series of experiments, a solution of carb. of ammonia was injected into the veins of animals; violent convulsions *instantly* ensued, and stupor quickly supervened; respiration was difficult, the expired breath was loaded with ammonia during the whole time. Gradually the latter disappeared, and by degrees the animals recovered their senses. When more carb. of ammonia was injected while the animals was in a state of stupor, the convulsions and vomiting recurred, and the urine and stools were passed involuntarily. After a lapse of 5 or 6 hours the ammonia again disappeared from the blood and the animal became again lively.

If the urea in the blood be too suddenly decomposed the symptoms are those of convulsions and apoplexy, but if the change takes place more slowly, the symptoms are those of typhus.

Thus it is said that in some blood diseases this element of ferment is seldom absent, as in scarlatina and typhus. The altered condition of the blood, which will not coagulate, the subsultus tendinum, and the presence of ammonia in those cases where a scanty secretion of urine is effected, being the symptoms.

In cases of scarlatina, followed by anasarca, the patients sometimes are affected by coma and convulsions, accompanied with albuminuria, and recovery often-times takes place without any organic change in the kidney following.*

If the patient, during the period of desquamation be exposed

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to cold, anasarca is produced. The kidneys in such cases are increased in size to 8 or 10 ozs., the outer coat peels off readily, the cortical substance is injected, giving rise to hemorrhage and exudation from rupture of the capillaries. The minute vessels and tubules become in part obliterated and in part compressed, and finally albumen is separated with the urine, and the imperfect action of the kidney prevents the elimination of urea.

The presence of ammonia and the very unfrequent occurrence of convulsions, look towards the fact, that the urea is passed off by the skin and mucous membranes in the form of ammonia; but as the vital powers sink from exhaustion in such cases, the patients die comatose, and sometimes with eclampsia. So also in typhus fever and cholera has urea and ammonia been found to be present, accompanied with symptoms of uræmia, in cases complicated with more or less suppression of urine; and many observers already regard the symptoms of what is termed cholera typhus as the result of uræmic intoxication.

INTERRUPTION OF HEART'S ACTION. CAUSE—MASTURBATION.

By B. WOODWARD, M. D., Galesburg.

On the evening of 22d Dec. last, I was sent for to see —, age 22. For several weeks past he had been in poor health; very pale and feeble. Found him in bed complaining of great weakness. No pain in any part; tongue clean and moist, but very pallid; conjunctiva and pro-labia blanched; countenance anxious. His pulse was but 32 per minute, and very labored; respiration 8 per minute. Auscultation revealed no organic disease, either of lungs or heart. As no apparent cause could be found for this depressed condition, I questioned him as to his habits, when he acknowledged the practice of masturbation, and that it was from the last act, twenty-four hours previously, that he had been aware of a sense of sinking.

R	Brandy,	℥iv.
	Spts. Ammon. Arom.	℥i.
	Quinia,	℥j.

A teaspoonful to be taken every half hour.

His pulse continued to sink till 11 P. M., when it was but 28 per minute, and respirations 5, with rapid failure of every vital power. Ordered Quinia, grs. v., Brandy, $\mathfrak{z}$ ss., every hour, with sinapisms to the extremities. This treatment continued for 12 hours brought the pulse to 45, respiration to 10, every third, and sometimes every third and fourth beat of the pulse intermitted. $\mathfrak{R}$, Quinia $\mathfrak{D}$ jss., Iron by Hydrogen, grs. xxiv. in Cht. No. xii. One to be taken every three hours with Brandy $\mathfrak{z}$ ss., Arom. spt. Ammon. gtt. x, with each powder. This for 48 hours brought the pulse to 65, intermissions as before, respirations 15. Continued treatment 24 hours longer; pulse 70, every fourth beat wanting. Omit Brandy and spts. Ammon., and continue Quin. et ferri. Twenty-four hours later, pulse 75, rather labored, fourth beat occasionally wanting; to take Quinia, grs. iij., Iron by Hydrogen, grs. ij every six hours.

Jan. 1st. He is walking about comfortable, but weak; advised him to omit quinia, and continue the iron for some days. Gave him a good lecture on habits and dismissed the case. Up to this time, Jan. 27th, he has been constantly improving, and thinks he is cured of his bad propensity. Though I have been familiar with the victims of this vice, and watched its effects, I have never before witnessed such a sudden depression, or derangement of the heart's action; neither do I fully understand it. The prostrated anæmic condition, *gradually* obtained, I can understand, but not the *sudden* failure.

In his case there was no derangement in the functions of the brain, the memory was perfect, and to within forty-eight hours of my being called he had continued his occupation, which required constant thought and attention.

TRISMUS NASCENTIUM SUCCESSFULLY TREATED WITH SULPHATE OF QUININE.

By H. A. JOHNSON, M. D., Chicago.

I was called Dec. 25th, 1859, to see the infant child of Mrs. C., which had been seized about two hours previously with convulsions. The child was a female, two days old, and up to the time of the attack apparently in perfect health.

The convulsions were tetanic in their character, and accorded perfectly with the symptoms of this disease as described by those who have seen it frequently in more Southern latitudes. Two similar cases occurring in my own practice both died.

The head was thrown back; the breathing difficult, and at times almost entirely suspended; the skin was moderately cool, and the pupils quite natural in appearance. The heart's action during the paroxysms which recurred at intervals of from twenty to fifty minutes, was very much reduced in frequency, apparently on account of the asphyxia. The jaws were closed, with partial and sometimes complete relaxation between the paroxysms.

Previous to my arrival the child had been placed in a warm bath, without any perceptible benefit. The bowels were immediately moved by an enema, and ipecac given *ad nauseam*. Sinapisms were applied to the extremities. The kidneys were acting normally. Subsequently Fl. Ext. Conii was given internally.

None of these means, so far as I could judge, had any beneficial influence. The slightest noise in the room, a jar or even a ray of light, was sufficient to induce severe general spasms. At 11 o'clock in the evening of the second day, thirty-four hours from the first attack, I gave the little patient one grain of sulphate of quinine. In a few minutes a severe spasm came on, differing in no respect from the fifty or sixty that had preceded it. The next interval was a full hour, a longer period than any which had hitherto occurred. The paroxysm was slight and shorter in duration than usual. For the next two hours the patient rested in a sweet and gentle sleep. On awaking there was a little closure of the jaws, and slight spasm of the muscles of respiration, but nothing in comparison to the fearful contortions that we had previously witnessed. For the next five hours there was not the first symptom of a convulsion but at 7, A. M. the lips became somewhat livid and the breathing irregular. This lasted only for a few minutes. I immediately gave another grain of the sulphate of quinine. From that time there has been no symptoms of a return of the disease, and the child is now perfectly healthy.

Remarks.—In the first number of the *Examiner*, my colleague, Prof. Andrews, reports a case of tetanus treated by me some years since with large doses of sulph. quinine. The patient recovered. I was induced to resort to it in that case from having seen, I think in the *New Orleans Medical Journal*, the report of a case successfully treated by this agent. The analogy between traumatic tetanus and the convulsions occurring in new born children, led me to the use of the same remedy in the case detailed above.

The points of special interest in the case are :

First.—The extreme rarity of the disease in this latitude. Old practitioners claim that it is never met with here.

Second.—The locality in which this case occurred was one of the most healthy in the city, near the lake shore, where there was always an abundance of pure bracing air. The mercury at the time was but a few degrees above zero.

Third.—The mother previous to her confinement had been in perfect health and the child had been properly cared for; there was no inflammation or ulceration about the cord; the bowels and kidneys were normal in their action.

Fourth.—The chief point of interest in the case consists in the fact, that while the disease is almost uniformly fatal under whatever treatment has hitherto been adopted, this little patient after having suffered continuously for thirty-four hours was effectually and permanently relieved after the administration of two doses of sulph. quinine of a grain each, the relief beginning to be experienced within an hour after the first portion.

A grain of the sulph. quinine is certainly a large dose for an infant three days old, but if given at all in such cases I think the quantity should be sufficiently large to produce its full sedative effect upon the nervous system. In this case I fully believe that it saved the life of my patient.

NOTES UPON DIPHTHERIA.

By JOHN H. HOLLISTER, M. D.

In a previous paper I submitted the history of a case of diphtheria, in which there was expulsion of false membrane more

perfectly developed, and giving a perfect cast of the trachea and bronchial tubes to a greater extent than I have any where noticed in the history of this disease.

The subject was a vigorous lad of 7 years, the inflammation of most decided sthenic character, with remarkably plastic effusion resulting in the formation of false membrane, so firm as to be freely examined, and which still continues to represent the perfect outline of the trachea and larger bronchial tubes. The history of that case was furnished at the request of the Chicago Medical Society, the specimen having been presented for examination before that body.

We seem most to need a careful description of the various pathological appearances and symptoms which occur in the progress of this disease and its *various modifications*, to determine its pathology and appropriate treatment.

A second case of diphtheria occurring at the same time and in the same family as the one previously reported, is of especial interest from the fact that in the latter instance there was no formation of false membrane whatever.

The two patients were quite dissimilar in physical development, and as in the first instance there was remarkable fibrillation of the diphtheric effusion; so in the latter, there was an entire absence of any fibrous formation whatever, and the extreme phases of diphtheria as developed in *sthenic and asthenic* patients could hardly be found in more perfect contrast.

Katie F., aged 5 years, of slight figure and delicate appearance, had suffered for four or five days with what was termed a "croupy cough." When I was called to visit the older brother, (whose case was the subject of my first report) Oct. 4th, 1859, she was deemed so much relieved that my attention was not directed to her.

During my second visit, I noticed her more particularly, and hearing her cough made a careful examination of her throat, and soon convinced myself that she too was suffering from diphtheria. The congestion, though intense, was of a passive character; the tonsils were much enlarged, and the whole of the mucous membrane in the posterior part of the mouth of a dark livid color. There was but slight secretion of mucous, the

parts were enormously congested, and the labored respiration indicated the same condition of the trachea and bronchial tubes as was so apparent in the fauces. The results of asphyxia began to develop themselves as early as the morning of the second day, and the appearance of the mucous membrane was much changed. From being smooth, nearly dry, and of a dark and almost shining appearance, the parts were now covered with an abundant sanious discharge, which seemed to be discharged from the entire congested surfaces. The application of the sponge was followed by profuse expulsions of the same character from the trachea. The discharge from the nose indicated that the schneiderian membrane was also involved in the difficulty. The aeration of the blood was very imperfectly performed, from the abundance of this secretion in the bronchial tubes. Though the expectoration was profuse, yet no effort on the patient's part afforded other than temporary relief. The livid appearance from capillary congestion early indicated the inevitable result, and she sank with scarcely a struggle in two days and a half from my first attendance.

In this instance there was general vital prostration from the first, and the lowest grade of inflammatory action. The sanious discharge from the over-distended capillaries indicated their entire want of tone, and the effusion was perfectly aplastic in character.

It should be mentioned, that nearly a year previous to the date mentioned, both the children had suffered severely from scarlatina. There had been in each instance severe inflammation of the glands of the neck. After partial recovery, in each case, a purulent abscess pointing outward required to be discharged with the lance. In the first instance there was a perfect recovery from the scarlatina, but in the second the recuperative powers of the little girl never seemed sufficient to restore her to her former health. Her recovery was at best but partial, and being more than usually delicate, she was in every respect a fit subject for the development of asthenic diphtheria.

The treatment in this case consisted of Quinine and Muriate tincture of Iron, with gargles of Cayene and Chlorate of Potash, and local applications of Nitrate of Silver in solution, in addition to a nourishing diet.

CLINICAL LECTURE ON ERYSIPELAS.

Delivered at Mercy Hospital, by E. ANDREWS, M. D.,Surgeon of the Hospital, and Professor of Surgery in the Medical Department of Lind University.

Gentlemen :

I present before you here a case of disease of a kind which will often confront you to your sorrow in your professional career, and which will occasionally bring your best planned and most brilliant surgical efforts to a disastrous termination. It is a case of traumatic erysipelas. This subject is so imperfectly understood by the profession, and so wretchedly descanted upon even by our best text books, that I have to some extent been obliged to investigate it *de novo*, and am obliged to condemn some very common precepts of the best authors. At the same time the importance of a correct knowledge of the disease is such that we may well spend our whole hour upon it.

Gentlemen, Erysipelas in some form or other, is the cause of more deaths after surgical operations and injuries, than any other single condition.

It is comparatively a rare thing in modern surgery to have a patient die from the effects of a pure and simple inflammation. Such has been the progress of our art, that we are able to cut short with promptness and great certainty almost every case of simple acute inflammation that presents itself to us. But the slightest experience shows the surgeon that when he meets a case of traumatic erysipelas, he has something more than the ordinary effect of a wound to deal with, and that there are malignant tendencies present which must be met by other measures than those of a simple antiphlogistic character.

After a full consideration of the subject, I have adopted the following definition of this scourge of surgery. *Erysipelas is an inflammation produced by the presence of a peculiar organic poison acting upon a system laboring under an aplastic diathesis.*

These three elements, the inflammation, the poison, and the aplastic diathesis, will constitute at all times an erysipelas, but if either one of them be absent, the case is not erysipelas, but something else. If the poison be absent, we have simply an inflammation with an aplastic effusion. If on the other hand the poison be present, but the aplastic diathesis be wanting,

then the inflammation will be limited by plastic effusion, and will be a boil, a carbuncle, or some other circumscribed abscess.

The existence of the peculiar poison of erysipelas is proved by innumerable instances of inoculation. Before this patient came to the Hospital he poisoned no less than three members of his family. The first was his mother, who had a scratch upon her finger, which received the poison while dressing the limb. The result was a bad whitlow on the finger. The pus from this whitlow having been brought in contact with her eyes, she had an acute purulent ophthalmia. A sister of the patient having soiled her hands with the dressings, rubbed carelessly a raw pimple on the side of her face, and had as a consequence a decided erysipelas in the face. The father poisoned one of his hands in a similar manner, and had a slight erysipelas following it. A patient of a friend of mine had erysipelas in the leg which was communicated to an attendant in a similar manner, causing the death of the latter, by sloughing of the affected tissues and by pyæmia.

These instances are taken from many which have fallen under my observation, and they all go to shew the existence of this peculiar poison.

The poison existing in certain subjects in the dissecting-room is of the same character, and during several years experience as demonstrator of anatomy, I had formerly an opportunity to satisfy myself that poisoning by dissection wounds is in every instance an inoculation of erysipelas, and that it will only prove fatal when inserted into systems under an aplastic diathesis.

The erysipelatous virus is of different degrees of virulence in different cases. In some instances it only irritates the tissues enough to cause a moderate serous effusion into the areolar spaces, while in others it goes through the meshes of the superficial fascia like a solution of caustic, killing and half dissolving the tissue as it goes, and causing gangrene over the surface of half a thigh or arm at once.

That an aplastic diathesis is necessary to the existence of traumatic erysipelas is proved by a most interesting series of observations. There have occurred within the sphere of my

observation many instances where different persons were inoculated at the same time, and I observe that the effect of the same virus is widely different in different persons. Thus, if the system of one is vigorously plastic, as shown by a quick healing of all cuts and scratches, an inaptitude for suppuration, and an active and healthy state of those secretions of the body which are normally acid in their reaction, such a person *cannot have erysipelas*.

If the virus is inserted into his tissues, it will be immediately circumscribed by a plastic effusion, a regular abscess will form, and the poison be ejected along with the pus. If the poison be very virulent, it will produce a slough, and a carbuncle will result.

A medical officer of the U. S. Army, informed me that he in company with another surgeon once made a post mortem examination of a child that had died from erysipelas. Both these gentlemen wounded themselves slightly in the dissection. In the case of my informant, who was in a strongly plastic diathesis, the poison was limited by plastic effusion, and the wound became the seat of a carbuncle. His companion, however, whose system was in a less favorable condition, had traumatic erysipelas in a bad form and died.

You see therefore why it is that antiphlogistics fail of their usual effects in inflammations of an erysipelatos character. While you are attempting to subdue the action by cold and purgatives and bleeding, a malignant poison is filtering through the tissues and destroying them. What we have to do in this disease is chiefly comprehended under two heads. First, to antidote the poison, and secondly, to correct the aplastic diathesis, and I am happy to inform you, gentlemen, that the means of accomplishing both these ends are now discovered.

Iodine has the power of destroying most, if not all organic poisons. Even the venom of serpents when mixed with it becomes harmless. The application of Tincture of Iodine to erysipelas is an old and favorite mode of treatment, and one worthy of all commendation. The ordinary method, however, of simply painting the affected part with the tincture two or three times a day, is by no means as decided a treatment as

these cases often demand. In the present instance I shall order cotton batting *dipped* in the tincture to be wrapped around the whole arm, and confined by a piece of india rubber cloth to prevent evaporation. In this way I expect to produce a more active and complete absorption of the remedy than usual. It is probable that chlorine, bromine, and also that allotropic form of oxygen called ozone, have all antidotal powers similar to those of iodine, but as yet they are not much used for this purpose.

The second indication in this case is to effect an immediate change of the patient's diathesis from the aplastic to the plastic. Now it is becoming a favorite opinion with pathologists that the aplastic diathesis depends upon the presence of an excess of alkalies in the system, and that in particular ammonia is in excess in a variety of low adynamic forms of disease. In confirmation of this opinion is the fact that those remedies which most rapidly promote the plastic diathesis are all capable of neutralizing free alkalies. Such are the mineral acids, the soluble sulphates, iodides, chlorides, and nitrates of iron, copper, zinc, silver, and mercury. But among all these, I know of none practically so valuable for internal administration as the perchloride of iron, either in the form of a watery solution, or of the muriated tincture. With this remedy we have almost complete control over the diathesis. I have not time now to detail cases, but, gentlemen, I know what I assert when I say that with this remedy a total change in the diathesis can be made in twenty-four hours, so that at the end of that time an erysipelas shall not be able to extend to any new tissues. You must not think to accomplish this however by feebly prescribing twenty drops three times a day. I shall order this patient twenty drops every hour night and day, and such is my confidence in the result that I predict to you that to-morrow morning as we enter the ward you shall see a marked diminution of the swelling, and at the end of forty-eight hours I expect to discharge the patient convalescent. This use of the perchloride of iron is a recent advance in surgery, and one of the most valuable improvements ever made. It is only in the early stages of the disease that you can predict its success with the confi-

dence which I have done in this case. After suppuration has already occurred, an organic mischief has been done which time alone can repair, although the remedy is still useful to prevent further destruction.

That domestic remedy, the cranberry poultice, is probably useful, correcting by its acid the excess of alkali in the diseased part, and so promoting plasticity. I caution you, however, against expecting any plastic result from the *internal* use of vegetable acids. In the stomach they are all digested and destroyed, leaving no acid product.

Finally, gentlemen, in the low forms of this disease, never give ammonia as a stimulant. The system is already dissolving and breaking down into alkaline pus and serum, and every drop of ammonia adds to the fatal excess of alkali which produces the morbid result.

CLINICAL REPORTS.

Mercy Hospital. Female Ward. Service of Dr. N. S. DAVIS.

Case 1st.—*Typhoid Fever*. Those members of the class in attendance on the clinical instruction given in this Institution during the month of October, had an opportunity of seeing many cases of continued fever in all stages of their progress.

The case now before you is that of a woman, aged 25 years, native of Ireland, who was admitted into the hospital yesterday. She had been previously confined to her bed ten or twelve days. You observe that the expression of her countenance is dull; the face suffused with a dark flush; the lips dry and of a purplish color; the tongue covered in the middle with a dry, brown coat; the skin dry and slightly elevated in temperature; the abdomen full and tympanitic; the bowels are evacuated from three to six times in the twenty-four hours, the discharges being thin and brown, with some whiteish flakes; the pulse 110 per minute and weak; hearing obtuse, and mind dull with disposition to delirium during the night. From this group of symptoms it is easy to determine that the patient is laboring under an attack of continued fever, of the typhoid or enteric

variety. The continuous low grade of fever, the state of the tongue, the tympanitic abdomen, with characteristic intestinal discharges, are sufficient to determine the nature of the disease. It is already at the commencement of the third week in its progress, and you find the symptoms indicating two primary and important pathological lesions, strongly developed. The first of these lesions consists in a depressed or impaired state of the properties of both solids and fluids, throughout the whole system. Thus, as I have previously shown you, the blood is darker color, and the fibrin less coagulable than in health; and the susceptibility of all the organized structures is impaired, as strongly indicated in this patient by the dark, dingy hue of the face; the dulness of intellect and special senses; the awkwardness and irregularity of muscular movements; the want of vigor in the movements of circulation and respiration; and the general diminution of secretion. The second lesion is the well known disease of the agminated glands of the ilium, here plainly indicated by the dry tongue, the tympanitic abdomen, and the brown liquid evacuations.

We find both these pathological lesions in all cases of the enteric variety of typhoid fever; but they present very variable degrees of development in different cases. In some cases the *first* so strongly predominates that the life of the patient is endangered from the extreme impairment of the properties of the solids and fluids, or what is more commonly called "early and severe prostration;" with only slight symptoms of intestinal disease. While in other cases the first is only slight, and the second or intestinal lesion predominates from the beginning of the fever, and the life of the patient is put in jeopardy only by the extent of the consequent ulcerations in the glands of the intestine.

In the patient before you, gentlemen, both these pathological conditions are sufficiently developed to render the prognosis doubtful, though we think she will recover.

Treatment.—On this subject we cannot agree with those who tell us that typhoid fever is a self-limited disease, destined to run a definite course, and therefore the whole duty of the physician consists in adopting judicious hygienic regulations, and

paliating symptoms. On the contrary, we think the pathological conditions here present afford as well defined indications for the use of remedial agents as do the paroxysms of an intermittent. If you look upon this patient with the eye of an intelligent and rational pathologist, you will see in the dark hue and impaired quality of the blood an indication for the use of some agent that will increase the capacity of that fluid for absorbing oxygen and parting with carbonic acid gas, thereby restoring its normal color and arresting the further deterioration of its qualities.

You will see with equal readiness, in the general impairment of those properties of the solids which we call susceptibility and vital affinity, the symptoms of which were pointed out in detail a few minutes since, an indication for the use of some remedial agent calculated to increase and sustain these properties. Finally, you see in those symptoms that point directly to a well-known lesion in the mucous membrane of the ilium, an indication for the use of such agents as will allay the sensibility, and increase the tone of the capillaries of the intestine, and thereby arrest the processes of softening and ulceration of the glands.

Here, then, you have there well-defined indications for treatment, founded on the actual pathological conditions of the patient. But what are the means for fulfilling these several indications? If we remember rightly, it was M. Claude Bernard, who a few years since performed a series of experiments to determine the influence of different agents on the capacity of the blood for absorbing oxygen, which resulted in showing that chloride of sodium, chlorate of potassa, and several other salts, uniformly increased such capacity; some of them in a striking degree. It had long been known that some of these salts possessed the power to change a clot of venous blood to an arterial color, and to retard the dissolution of its constituents. Taking the hint from these facts, we commenced four or five years since to use the chloride of sodium and chlorate of potassa to fulfil the first indication, just pointed out, in the treatment of all the low forms of continued fever. And the more we

have used them the more confidence have we felt in their remedial value.

For fulfilling the second indication, the profession have long looked to the class of diffusable stimuli, at the head of which stand the various alcoholic beverages. But the results of their use have not been altogether satisfactory. The reason for this can be readily discovered by studying closely their *modus operandi* upon the human system. By such study it will be found that instead of exalting the elementary properties of the organized structures of the body generally, they simply exhilarate or excite the nervous tissues, while they actually lessen the interchange of carbonic acid gas for oxygen by respiration. Hence they are calculated to fulfil the indication in question very imperfectly at best. If you turn your attention a moment to the great field of nature, you will see that oxygen is the great excitor or supporter of the properties and molecular actions of all living organized matter. And its power to excite all the organic movements of the human system will be known. It is evident, therefore, that if in a case like this before us we could increase the quantity of oxygen in the blood, it would constitute the most efficient remedy known for increasing the depressed susceptibility and renewing those organic movements which are now so sluggish. As we have already explained, certain saline remedies do possess the power to increase the capacity of the blood for absorbing oxygen. Hence when introduced into the system as medicines, they not only improve the color and preserve the integrity of the blood itself, but by increasing the quantity of oxygen absorbed in the lungs, they supply the most universal and efficient excitor of the vital properties and movements with which we are acquainted. Thus the same remedial agents that directly fulfil the first indication, indirectly fulfil the second also. These same considerations shew you why it is so important to keep the room of the continued fever patient well ventilated or supplied with pure air. The third indication plainly requires the use of such agents as will combine the properties of an anodyne with a peculiar local stimulant or astringent, such as opium with nitrate of silver, or sulphate of copper, or oil of turpentine; more

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especially in the middle and advanced stages of the disease. In accordance with these views we shall prescribe for this patient 8 grs. of chlorate of potassa dissolved in water, every four hours; and a teaspoonful of the following emulsion two hours after each of the doses of the chlorate:

R	Ol Terebinth.	3 ii.
	Tinct. Opii,	3 ii.
	Pulv. G. Arabac. } aa.	3 iii.
	Sacchar. Alba.	
	Rub together thoroughly and add	
	Mint Water,	3 ii.

She must also be fed regularly with beef-tea well seasoned with salt, or milk-porridge, made by adding wheat flour to boiling milk.*

Case 2d.—This woman is also laboring under typhoid fever, complicated with a low grade of pneumonic inflammation in the right lung. The case was fully presented to you a few days since, when you individually examined the affected lung with the stethoscope. As you now note her progress, we simply remark that all her symptoms are improving, and that the treatment previously prescribed will be continued, with the addition of a blister to the right side of the chest.

Case 3d.—*Syphilitic Ecthyma, with ulceration of the fauces*

We will detain you a short time longer this morning to examine this woman, native of Ireland, aged about 35 years; naturally of good constitution, but now slightly anemic, with an ugly looking eruption upon her face. In looking closely at this eruption you will see that each sore has an elevated base, surrounded by a dark red areola, the cuticle elevated in the centre, and filled with pus. They vary in size from the diameter of a pea to that of a dime. Nearly all of them have a thick brownish yellow scab in the centre. They evidently belong to the class of pustular diseases, and of the variety called Ecthyma. They are distinguished from Impetigo by their larger size, more conical form, and the thicker scabs. They differ still more from Rupia by the yellowish color of the scabs, and the appearance of pus surrounding the scab, between its edge

* The above treatment was strictly carried out, and the patient convalesced in one week after admission, or three weeks after taking to her bed.

and the sound skin, while in the latter disease the scabs are quite black and closely adherent at their edges to the surrounding skin.

If you look into the fauces of the patient you will see a large ulcer which has penetrated entirely through the soft palate immediately above the uvula. The dark red color around this ulcer, like that around the eruption on the face, indicates the existence of a syphilitic influence. Hence we shall put the patient upon the use of the following prescription:

R Tinct. Cinchonæ ℥ ii.
Hydrarg. Chlor. Corrosiv. 1 gr.

Mix—take one teaspoonful before each meal-time and at bed-time. We will also touch the ulcer in the throat with a stick of nitrate of silver every other day. After the patient has taken the mercurial until its effects upon the gums can be seen in a very slight degree, we shall substitute therefor the iodide of potassa in pretty large doses, and continue it until the disease appears to be entirely removed, which usually does not occur sooner than six or eight weeks.

CLINIQUE OF PROF. DAVIS IN THE MEDICAL DEPARTMENT
OF LIND UNIVERSITY.

Saturday Afternoon, Jan. 28th, 1860.

Case 1st. *Disease of the Heart.*—Gentlemen, the patient who presents himself before you is a native of Ireland, aged about 35 years, a blacksmith by trade, and possessed of a well developed physical frame. You observe that his breathing is short and hurried, much like one who has been running; his face and lips rather pale and slightly bloated; his tongue covered with a whiteish fur; his skin above the natural temperature and dry; his pulse moderately full, hard, and 100 per minute; and he complains of a great sense of fulness or oppression in the chest, with a pretty severe dull pain in the cardiac region, increased to a sharp or acute quality on taking a full breath, or coughing. He has severe paroxysms of coughing, and is unable to lie down in a horizontal position without

producing a great sense of suffocation, and is consequently obliged to spend his nights with the body in an erect or semi-erect position.

The pain in the cardiac region, accompanied by some fever, commenced about two weeks since, and very soon after an injudicious exposure to wet and cold. These general symptoms, and especially the pain in the region of the heart, coupled with the disturbance of circulation and respiration, would lead us to suspect the existence of cardiac inflammation. To determine this with certainty we must make a physical exploration of the chest by means of auscultation and percussion. On removing the covering from the left side of the chest, and placing the hand over the cardiac region, the impulse of the heart was found much stronger than natural, and percussion shewed that it occupied a larger space. Application of the stethoscope over the cartilages of the ribs covering the right side of the heart revealed a well marked friction or rubbing sound with each systole of the ventricles, and also a rough bellows murmur. On moving the stethoscope a little upwards and to the left, so as to rest over the base of the heart, the bellows murmur became more plain, very rough and prolonged, so as to completely suppress the short second sound. The signs thus elicited, clearly indicate not only the existence of cardiac disease, but its existence in a severe and complicated form. The friction sound indicates a recent and still existing inflammation of the pericardium, with more or less plastic effusion upon the surface of the membrane; while the rough and prolonged qualities of the bellows murmur, the dulness over a larger space than natural, with a strong and sustained impulse, certainly indicate considerable hypertrophy of the ventricles with disease of the semi-lunar valves. From the loud and harsh qualities of the murmur and the hypertrophy, it is evident that the disease of the valves has been existing a considerable time previous to the date of the patient's present illness.

He now explains this by informing me that he had a severe attack of rheumatism, accompanied by pain in his left breast two years since; and that he has been seriously troubled with shortness of breath and heavy irregular beating of the heart, especially on taking exercise, from that time to the present.

From all these facts we infer that the patient was attacked with rheumatic endocarditis two years since, which resulted in thickening of the semi-lunar valves, and the consequent gradual development of hypertrophy of the muscular structure of the ventricles. While the injudicious exposure to wet and cold two weeks since caused the supervention of a sub-acute pericarditis which still exists. Placing the patient in an easy position, each member of the class was permitted to take the stethoscope and listen to all the morbid sounds that the case presented.

Prognosis.—The prognosis in recent attacks of inflammation of the heart, whether endocardial or pericardial, may be regarded as favorable. And so far as the pericardial disease is concerned in this case, we think it can be removed in a few days by appropriate treatment: though, as sometimes happens, the effusion of plastic lymph may cause adhesion of greater or less extent between the surfaces of the inflamed membrane. I have observed two cases, in which such adhesions existed so extensively as to unite the pericardium closely and firmly to the whole exterior surface of the heart, thereby completely obliterating the pericardial sac.

One of these was a recent case, and in addition to the adhesions, there was present intense redness and all the marks of acute inflammation in all the structures of the heart. The other case had been one of long standing, and the adhesions were so firm that it was with difficulty that the pericardium could be torn from the surface of the heart. If we are right in the supposition that this patient was attacked with endocarditis two years since, and that the thickened condition of the valves which now gives rise to the harsh bellows murmur to which you have listened, is the result of that inflammation, it is quite certain that such thickening and the hypertrophy consequent upon it, have become too permanent to admit of removal by any remedial agents known to the profession. On the contrary, the continuance of the valvular obstruction, will cause a gradual increase of the hypertrophy, until at length the patient becomes wholly unable to exercise; dropsical effusions supervene, and life is cut short.

Treatment.—The first object to be accomplished in the treatment of this patient, is to remove the recent inflammation of the pericardial membrane. This must be done by a prompt and judicious use of sedatives, alteratives, and counter-irritants. Had the patient come under our care during the first two or three days after the commencement of the present attack, we might have deemed it necessary to have taken at least one free bleeding from the arm. But two weeks having now elapsed and the patient feeling already debilitated, we do not deem venesection necessary. Consequently we shall endeavor to control the circulation by the following, viz:

℞	Spts. Nit. Dule.	{ a.a.	3 i.
	Tinct. Opii et Camph.		
	Tinct. Verat. Viride			3 i.

Mix, and give a teaspoonful every four hours, diluted with water.

To change rapidly the tendency to plastic effusion, and consequent adhesions, and destroy the inflammatory process, we shall also direct one of the following powders to be taken between each of the doses of the sedative mixture, viz:

℞	Hydrarg. Chlor. Mit.	15 grs.
	Pulv. Opii.	12 grs.
	Nitras Potassa,	Ḑii.

Mix and divide into six powders.

By giving the opium in full doses, we shall not merely relieve the pain and restlessness of the patient, but we shall overcome that important element in all inflammations, which we denominate irritability, or more properly, an exaltation of the susceptibility of the inflamed structure: and thereby aid much in destroying the inflammatory process.

We shall continue these remedies until the calomel produces a slight effect on the gums, and then interpose a cathartic.

After the bowels have been freely moved, the previous remedies may be resumed with the calomel omitted; and a blister may be placed over the cardiac region.

It is probable that under the influence of these remedies, the present pericardial inflammation will be removed in from four to six days; but the valvular obstruction and hypertrophy, with some general debility will remain. If so, all active treat-

ment by medication may be discontinued. The patient must be instructed to wear flannel next the skin; avoid sudden atmospheric changes; make his exercise, mental and physical, as quiet as possible; avoid the use of stimulants, and highly seasoned articles of food.

In addition to these hygienic regulations, the increase of hypertrophy may be retarded by a judicious use of the milder sedatives, such as *Digitalis*, *Gelsemin*, and *Acetate of Lead*. But as this patient will probably return to the clinic next week, we will not comment on his case further at present.

Two children were presented to the class in this clinique, one afflicted with Bronchitis, and the other with Chronic Ague, but as the space allotted to these reports is already full, we must defer giving the substance of the remarks made concerning them until a future time.

CHICAGO ACADEMY OF MEDICAL SCIENCES.

Academy met in Bryant's Commercial College. President Dr. Hamill in the chair. The minutes of the last meeting were read, whereupon Dr. Gore to correct his remarks as reported, by inserting the words "a post mortem examination was not deemed necessary by the Jury," instead of "was not made in consequence of objections on the part of Parents." The minutes were accepted as corrected and ordered to be recorded.

Dr. Bloodgood, from Board of Trustees, submitted estimate for Furniture, etc. for new rooms, when the whole subject was referred to the Council for final decision.

Dr. Blake's resolution, the regular subject for discussion for this evening, was next called up, and the debate upon it opened by the mover, who urged the propriety of resorting to Tracheotomy in cases of membranous croup, as offering the best chance to save the patient, and quoted some cases to sustain his position.

Dr. Bloodgood did not approve of the operation, on the ground that the remedy did not reach the disease, which extended itself below the point at which the operation was usually performed.

The discussion was continued by Drs. Bevan, Blake, and McAllister.

Dr. Powell thought the operation much more dangerous than it was usually considered, particularly from the sudden introduction of cold air into the lungs, thereby reducing the temperature of the body—as proved by an experiment performed by himself during the day upon a dog, in which the temperature was reduced three or four degrees in half an hour, which rate of loss would have proved fatal within twenty-four hours.

Dr. Gore urged the claims of Turpeth Mineral in croup, and cited a case in point recently under his charge, in which it had proved entirely successful. He opposed the use of tracheotomy, and hoped to be forgiven for ever having advised it.

Dr. Davis approved the use of the Turpeth Mineral, which had proved very successful in his hands during a period of nine years. He was in the habit of urging its claims in his lectures to his class, and he relied mainly upon it in the treatment of this disease.

Dr. Hay gave notice of his intention to move at the next meeting certain alterations in the By-Laws.

Dr. Bevan (Treasurer) read a report of the financial condition of the Academy to date, when the accounts had passed into his hands.

The Secretary reported that in compliance with the instructions of the Academy issued at their last meeting, he had filed with the Clerk of the County Court of Cook County, a certificate of the organization of the Chicago Academy of Medical Sciences, as required by law to constitute this Academy a corporate body. A copy of this certificate was submitted and ordered to be filed with the archives of the Academy.

On motion of Dr. Jones, the subject for discussion at the next meeting was decided to be "Whether the Ferruginous Tonics are useful or hurtful in cases of Chlorosis occurring in Strumous subjects."

The President called upon the council to meet at Dr. Bloodgood's Office, on Friday Evening next.

Upon motion, the Academy adjourned.

BOOK AND PAMPHLET NOTICES.

ELEMENTS OF MEDICAL JURISPRUDENCE. By THEODORIC ROMEYN BECK, M. D., L. L. D., Professor of Materia Medica in the Albany Medical College, etc., etc., and JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the City of New York, etc., etc. Eleventh Edition. With Notes by an Association of the friends of Dr. Beck. The whole revised by C. R. GILMAN, M. D., Professor of Medical Jurisprudence in the College of Physicians and Surgeons of New York. In 2 vols. 8vo., pp. 884 and 1063. Philadelphia: J. B. LIPPINCOTT & Co. S. C. GRIGGS & Co., Chicago.

Medical Jurisprudence as defined, "is that science which applies the principles and practice of the different branches of medicine to the elucidation of doubtful questions in Courts of Justice." It is the administration of the law enlightened by medical knowledge. It is not the jurist sitting in judgment upon the medical man, but it is the latter aiding the former to discover the truth. And as in the ordinary exercise of our professional acquirements, the health and perhaps the life of the patient may depend upon the judgment and skill of the physician: so upon his testimony and knowledge may hang the fortune, the reputation, and even the life of the litigant. The physician is a welcome witness in every court, his opinion is sought with eagerness, listened to with respect, considered with care, and often in effect decides the merits of the case. How important then that the opinions of the medical expert should be enlightened and well founded. A verdict is seldom rendered against the clear, decided and unshaken testimony of scientific witnesses. As obvious as is the reliance of the jury upon the testimony of the medical witness, we are often chagrined to know that the character and standing of our profession is made a subject of ridicule, and brought into disrepute by the ignorance and unqualified pretensions of the medical witness. When we consider that the subject of medical jurisprudence is commensurate with medical knowledge, and that there is no time but that the same may be called into requisition to elucidate a litigated question. We hope that the time will never be again, when a student shall have attended three courses of lectures in any of our established Medical Schools, without having listened to more than *one* lecture upon this important branch. But until this subject is made universally a part

of the curriculum in our schools, the inquiring student must depend upon the information to be gained from the study of the most approved text books and authoritative treatises. And we hazard but little in affirming our belief, that the work mentioned at the head of this notice is the best and most comprehensive treatise to be found in any language. It has for many years occupied the foremost rank, and is so favorably known to our readers, that the announcement of this, the eleventh edition, is an all-sufficient recommendation. The previous character of former additions affords ample guarantee of continued improvements, and we have only to make a cursory examination of the volume before us, to be satisfied that the additions and addenda are both numerous and important. The notes and inferences are selected with care and discrimination, and cannot fail to add materially to the practical value of the work.

Chapter 1st is devoted to Feigned Diseases, and chapter 2d to Disqualifying Disease; both have been carefully revised by R. H. COOLRIDGE, M. D., Assistant Surgeon of the United States Army. Chapters 3, 4 and 5, have been prepared for the work by the careful and critical supervision of AUSTIN FLINT, M. D. Chapters 6 and 7, on Pregnancy and Delivery, have undergone a full revision by the aid of recently published facts and observations, by J. P. WHITE, M. D.

The subject of Infanticide, by J. B. BECK, M. D., occupies a considerable portion of the 1st volume, and new cases are introduced illustrating the causes of death in new-born children. Also the history of Infanticide as it has prevailed in different nations; the murder of the fetus in utero, with an account of the proofs and modes of perpetration; of the signs of Abortion, etc. The subjects of Legitimacy, Presumption of Survivorship, Age and Identity, Insurance upon Lives, respectively have been under the exclusive control of Prof. GILMAN; and with that of Mental Aberration, by D. TILDEN BROWN, M. D., complete the first volume. The second volume contains a full chapter upon Persons Found Dead, upon Wounds of the Living Body, by JOHN WATSON, M. D. The most important part of the whole work is taken up in the consideration of the sub-

ject of Poisons, in which we observe that numerous cases have been added, including new facts regarding the fatal doses of some of these agents, and the pathological changes they produce; also the various improvements in the mode of applying tests for the detection of these agents, have been fully considered. The chapter on Medical Evidence is the last of the series, and while it is a subject that lies at the foundation of success in every department of medical inquiry, yet there is no way, as we have before suggested, in which the capacity of the medical man is so fully tested. A close attention to the suggestions contained in this chapter will prove interesting to the physician of experience, and particularly instructive to the young man who may desire to lay the surest foundation of a professional reputation. In short, those who are familiar with the character of the work in question, will be struck with many minor, but still useful changes, not mentioned in the preface. The index has been much extended and rendered more complete, and the execution of the work is neatly and carefully done: and we are satisfied that it will not only prove a manual comprehensive in detail, but will possess the weight and accuracy, as well as the fulness of an authoritative treatise.

ON CRIMINAL ABORTION IN AMERICA. By HORATIO R. STORER, M. D.,
Member of the American Medical Association. Philadelphia: J. B.
LIPPINCOTT & Co. 1860.

Although criminal abortion is practised to a fearful extent, we hope for the sake of humanity, as we verily believe, that Dr. Storer makes out too strong a case in the above named pamphlet. We have reason to know that the *morale* of criminal abortion is of the darkest character. That it is a crime equal in heinousness to that of murder, every physiologist knows. Hence no excuse should be allowed to palliate the punishment of it, as there is certainly none for its perpetration. The most alarming and the least excusable feature of its practice is, as we think, derived from the character and standing of the criminals. We believe from our own experience, as well as the testimony of our professional *confreres*, that the vast majority of the perpetrators of this fiendish infanticide, are people in what are styled the better classes of society; that many of them are not only held in high esteem by the world, but are active members of christian churches. Nay, Ministers

of the Gospel, of spotless reputation before the congregations and communities in which they reside and officiate; these clergymen and church-members often try to suborn the consciences of the members of our profession; oftner they employ the means furnished by cormorant-quacks and professional abortionists. Parents engaged in this practice imbue their hands in the blood of their own children; either directly, by immediate interference, or indirectly, by winking at its perpetration in their own families. They will tell any body who remonstrates with them that they do not view the matter in the light of a crime against the law of man, or a crime against God's law. Now we believe this assertion as reluctantly as we credit the statements of those unfortunate married men with whom we often meet, who contract gonorrhoea or syphilis from the seats of unclean privies. However unfortunate and damnable the practice in this class of people, and the encouragement their example affords to the commission in detail of this great sin, their degradation places them upon the highest round of the ladder of human depravity, compared to the depth in which the wholesale dealers in human blood are sunk, who are spreading all over the land, the information and means necessary to enable and tempt many who would otherwise be innocent of a thought in that direction, to strangle their own offspring. I allude to the proprietors of newspapers, who for money publish and recommend; and the druggists who so unblushingly placard and sell abortive nostrums and instruments. The manufacturers of these nostrums, and professional abortionists, are fiends comparable in their turpitude to nothing outside the gates of the infernal regions.

The above pamphlet is calculated to do good, and we are sorry that the people themselves cannot have the same facts set before them, as widely as the charlatan advertisements, which do so much to promote the evil this monograph is intended to expose. Let the public read it, and it will blush with shame at the extent and horrible bearing it has upon all the sacred ties and bonds which link mankind together.

INTRODUCTORY LECTURES AND ADDRESSES ON MEDICAL SUBJECTS, delivered chiefly before the Medical Classes of the University of Pennsylvania. By **GEORGE B. WOOD, M. D., L. L. D.**

We have received and conned the pages of this volume of

the Introductory Lectures and Addresses, of Dr. Wood, with much pleasure and profit, and we are sure that a more worthy memorial of the relation that has for so many years subsisted between the author and the numerous classes of young men who have attended the University could not have been devised. They will also find a hearty welcome with the whole profession, of whatever predilection. And great as the delight must be of those who can indulge in the thousand glorious recollections aroused by the graphic history of scenes and persons once familiar to their daily sight; yet a far higher value must be attached to them, from the powerful stimulus such stirring pictures inevitably give to the pursuit of knowledge. No where can the student meet with a source of impulse that will urge him on to future attainments, and no where could he find more effectual inducements to emulate the most exalted efforts of the great intellects and distinguished leaders of the profession espoused, than in the perusal of these Introductory.

We find that the author has presented through this customary Introductory, the consideration of the important subject of *Materia Medica*, and as such will be the most valuable part of the work; but the two lectures which give the result of the author's professional observations in Great Britain and the Continent of Europe, have a peculiar interest and value. The whole volume, we trust will not only prove instructive and agreeable to practitioners and students throughout the whole country, but will serve as a serviceable book to such as may be willing to visit the scenes from which so many advantages and so much pleasure and satisfaction may be derived.

SELECTIONS.

The use of Aconite and Chloroform in Neuralgia.—In a letter to the *Med. Times and Gazette*, Dr. Gueneau de Mussy writes:—

“For more than three years I have prescribed it in neuralgia of different regions; but here I want chiefly to allude to the most common and severe of neuralgic pains—the facial neuralgia, in which I have derived from the above-named remedy

sometimes a complete and permanent cure, and always an almost immediate and considerable relief. In such cases I apply it directly to the gums of the side affected, where numerous divisions of the fifth nerve are most superficial. When the neuralgia is idiopathic, *i. e.* unconnected apparently with any other disease, the formula is:— 2 parts of sp. of wine, or eau-de-Colonge, 1 of chloroform, and 1 of tincture of aconite; the finger covered with a piece of lint or soft thick linen, is dipped in the mixture and rubbed gently against the gum for a few minutes. I do not use a sponge, because it would take up too much of the liquid, which by pressure might drop into the mouth.

“When the pain is connected with some organic disease, as a deranged tooth, chronic inflammation of the gums, or of the sockets, or, as I have observed, superficial necrosis of the bone, I have found the tincture of iodine a very beneficial substitute for spirit of wine in the formula above.

“The infra-orbitary branch being the most commonly affected, it is chiefly in neuralgia in this part the application has been successful; but by no means exclusively so; it answers very well in pain of the lower branch, and I have observed some very severe cases of supra-orbitary neuralgia, in which the same application has been attended with an equally satisfactory result.

“This shows, moreover, that the sedative agent may produce its effect, as the irritating one so frequently does, on a part distant from the spot on which it was applied in the same, and even in a different branch of a nerve.”

Alcohol and Alcoholic Preparations in Surgery.

We are indebted to Prof. T. Deville, of the Lind University of this City, for an early copy of the above monograph, which has been transmitted to him by the Author, on the use of Alcohol and Alcoholic Preparations in Surgery.

After having examined the subject by the threefold light of theory, experiment, and history; the following are the results arrived at:

“Alcohol coagulates albumen in whatever liquid it may be, and consequently in blood, the synovia of synovial membranes, of articulations, the serosity which bathes the meshes of cellular tissue, and that which moistens the surfaces of serous visceral cavities.

Alcohol applied to living tissues on the surface of a wound

provokes no sort of accident. We are convinced of this from repeated experiments.

It coagulates albumen on the surface of wounds, forming it into a greyish-white-pellicule. It stops the hemorrhage of the small vessels. It hastens the secretion of plastic lymph on the surface of the wounds. By separating the lips of the wound soon after the application of the alcohol, we can watch the lymph in the very act of gluing them together; that is to say, the same thing is taking place there which takes place on the surface of serous membranes.

From these facts and these principles it results that alcohol exercises a great influence on union by the first intention, that it prevents diffuse erysipelatous inflammation, purulent infusion of synovial membranes, and purulent infection.

Let us explain ourselves:

Alcohol favors union by the first intention, by stopping hemorrhage of the smaller vessels (since the blood is a great obstacle to a perfect coaptation of the parts) by immediately producing a coagulum on the surface of wounds, and by accelerating the plastic secretion.

It prevents diffuse suppuration by coagulating the albumen of the cellular tissue, which immediately becomes thick, and is rendered impermeable to the unhealthy liquids which bathe their surfaces.

Alcohol prevents the purulent effusions of synovial membranes by the immediate coagulation of the synovia, by causing the opposite surfaces to adhere, by rendering them impermeable to the liquids which moisten the surfaces of fresh wounds, and by encouraging an adhesive inflammation of the synovial membranes near the wound.

Alcohol prevents purulent infection, by coagulating the blood in the open and even gaping veins, on the surfaces of wounds, thus instantly plugging them and favoring an adhesive inflammation." * * * * *

We must, therefore, in dressing recent wounds abandon the use of fatty bodies and poultices, and return to alcoholic preparations; in a word we must return to the practice of the ancients.

Chloroform and Cod Liver Oil in Diphtheritis and Scarlatina.

We clip the following as communicated to the *Boston Med. and Surg. Journal*, by E. S. COOPER, M. D., Prof. of Anatomy and Surgery in the Medical Department of the University of the Pacific.

"The original mortality attending diphtherite, both in this

country and Europe, appears to have been but little diminished by any course of treatment in general use. In some regions of country two in three cases terminate fatally; in others four in five; and in some localities of the United States probably there is even still greater fatality.

The first two cases I attended, both in one family, died. They were among the first patients I treated on my arrival in this city, over four years ago. Such was my ill success in attempting to cure these cases for some time afterwards, that I thought seriously of abandoning the treatment of the disease altogether. I had noticed, from the commencement of my practice in this disease, that the disposition to slough was always greater after I had used the probang. I attributed this partly to the effects of pressure, or bruising, incidental to the use of the instrument in young children, who are disposed to struggle. I have therefore abandoned all applications to the throat, and adopted the following method, which has thus far been successful beyond what my most sanguine hope could have anticipated. Of thirty-one patients, I have lost but one, and in that case the patient had been sick for several days, and died about eight hours after I first saw him.

My treatment is as follows: *R.*—Chloroform, $\mathfrak{z}$ iij.; ol. jec. aselli, $\mathfrak{z}$ xii.; spt. terebinth., $\mathfrak{z}$ ij. *M.* *Signa.* Apply freely all over the neck, breast, and abdomen, upon flannels covered with oil silk. This I keep on constantly during the continuance of the disease, and for eight or ten days after the patient has sufficiently recovered to walk about. The object of continuance is to prevent relapses, which are very frequent and fatal, without some preventive is used. And this is what is wanted in these cases. Internally, I direct the following to be administered: *R.*—Ext. glycyrrh., $\mathfrak{z}$ iij.; acacia gum., $\mathfrak{z}$ i.; antimon. tart., gr. i.; sac. alb., $\mathfrak{z}$ ij.; aqua, $\mathfrak{z}$ xvij. *M.* *Signa.* Give a wine-glassful every two hours to a young child, say two years old, and increase in proportion to age. I have had as much, if not more, satisfaction in the results of the treatment of diphtherite on the foregoing plan, than in anything occurring in my professional life besides. I therefore recommend it with confidence to the medical profession. I have tried it with nearly the same success in scarlatina. During the course of treatment I do not give patients a particle of anything else; not a drop of water, nor the least nourishment, save what is in the medicine.

The compound keeps the bowels merely soluble, alleviates the cough, dryness in the throat, and difficulty of swallowing. I have, in some instances, added a grain or two of tartrate of

antimony to the compound, and occasionally omit it altogether. I am convinced that certain states of the atmosphere increase the malignancy of diphtherite, and that chloroform and cod-liver oil annul its effects almost entirely. The oil protects the skin, and the chloroform acts probably upon the air-passages, while the turpentine acts as a counter-irritant. I have been surprised, and highly gratified, by noticing the rapidity with which the stoppage of the nostrils and difficulty of breathing are often overcome through this agency, even in advanced stages of the disease."

Palatable Medicines.

In the *Semi-Monthly Medical News* for Dec. 1st, Dr. T. E. Jenkins has an article upon the above subject, from which we extract the following:

"The operation of sugar-coating pills is very simple, and may be practiced by any one. It is done thus: After the pills are finished, they should be rolled between the fingers, previously moistened with thick mucilage of gum-arabic, and while still wet, thrown together in a capsule or saucer containing a sufficiency of very finely powdered sugar, and rotated therewith until the surface is completely covered, after which they may be exposed to a gentle heat to dry them. If necessary, this process may be repeated in order to give a thicker coating." *
 * * "Powders may be mixed with aromatized sugar, in order to disguise their nauseous qualities, and every practitioner should be provided with a few bottles of sugar aromatized with orange, lemon, peppermint, or other agreeable volatile oil, so as to have always at hand the means of rendering less disagreeable the chartuke for his little patients." * * * "A very elegant *boubon* may be made by incorporating powdered drugs, or even medicinal extracts, with pulverized aromatized sugar and white of egg, in the manner in which confectioners make their 'icing' for cakes, and dropping on a tile from the truncated end of a paper cone portions of the mixture suitable for a dose, they soon dry when exposed to the air, and will be eagerly sought after by children."

Alcoholic Liquors in Tubercular Diseases.

In the October number of the *American Journal of Medical Sciences*, is to be found an able essay by Dr. John Bell, of New York, upon the use of alcoholic liquors in tubercular diseases,

or in constitutions predisposed to such disease. The following are the conclusions arrived at:

1. "The opinion so largely prevailing as to the effects of the use of alcoholic liquors, viz., that they have a marked influence in preventing the deposition of tubercle, is destitute of any solid foundation.

2. On the contrary, their use appears rather to predispose to tubercular deposition.

3. Where tubercle already exists, alcohol has no obvious effect in modifying the usual course run by that substance.

4. Neither does it mitigate, in any considerable degree, the morbid effects of tubercle upon the system, in any stage of the disease."

We are glad that the above conclusions coincide with the experiments, and substantiate the views of Dr. Davis, the senior editor, who since 1850, both through the columns of the *North Western Journal*, and in his course of lectures to the numerous classes that have listened to his instruction, has contended that the physiological and pathological effects of alcohol are such as demonstrate that it has no marked influence in preventing the deposition of tubercle, or arresting the course of the diathesis in the least, or that it modifies the effects of the same when it is fully established, to any considerable extent.

Utility of Veratrum Viride in a case of active hemorrhage from the gums and tongue.

We find a report of an interesting case of profuse hemorrhage in the January number of the *St. Joseph Journal of Medicine and Surgery*, in which, after the use of various remedial agents, veratrum viride was exhibited in the dose of five drops in a teaspoonful of sweetened water, increasing one drop every fifteen minutes. "The hemorrhage began to cease from the first dose, and about the third dose she appeared fully under the influence of the veratrum, it acting as an emetic, at which time the hemorrhage ceased altogether."

Influence of Quinine and Malaria over Pregnancy.

Dr. Davidson, of Arkansas, reports a case of threatened abortion, caused by malaria, and successfully treated with quinine. Dr. Davidson says: "Knowing the patient to have

been the subject of intermittent fever the summer and fall previous, it occurred to me that perhaps malaria was the cause of the uterine disorder. I therefore administered between fifteen and twenty grains of quinine the next day. She had no return of pains for about three weeks, at the end of which time they came on again. I stopped them with laudanum, but they returned daily, until I gave quinine." * * * "I several times withheld the quinine for a day or two, when the pains would invariably return; but when it was administered regularly it never failed to keep them in check."

A Revolution in Anæsthetics.

The Paris journals describe a new method of producing insensibility, or rather a new way of applying an old method, which may be available in some cases, but which must frequently fail. We copy from the *Lancet* the following account of the process:

"The patient, either sitting up or lying down, is put in a convenient position. The operator then, standing either before or behind him, places before his eyes, at the distance of a few inches, but generally nearer than the point which allows of distinct vision, some bright object, upon which the patient should steadily and continuously fix his eyes. The bright object should be so placed that the eyes, in looking at it, must be forcibly directed upward, the contraction of the superior recti being carried to its maximum degree. In this position, the levatores palpebrarum and recti are strongly contracted, and convergent strabismus takes place. After this attitude, which is certainly very fatiguing, has been kept up for two or three minutes, the pupils are noticed to contract, and soon afterwards to dilate; the eyelids quiver rapidly, then fall, and the patient is asleep. Two symptoms, almost always present, are then observed; they are however, in different cases, more or less marked and lasting: 1 catalepsy, exactly as described in books; 2, anæsthesia, which lasts from three to fifteen minutes, either complete or incomplete, but which allows of pinching, pricking, and tickling, without any feeling being aroused in the patient, and without any change in the cataleptic state being produced. This anæsthetic state is generally followed by a very opposite condition—namely, very remarkable hyperæsthesia, in which the senses, the feeling of heat and muscular activity reach an unusual degree of excitability. At any moment of the experiment the symptoms may suddenly be stopped, by rubbing the eyelids, and directing upon them a

stream of cold air. When the patients recover their senses, they remember nothing of what has taken place."

This is evidently nothing more than the phenomenon which is called Mesmerism, or animal magnetism, long known, little understood and frequently brought before the public as something new. The best account of it is to be found in the Five Essays of the late Dr. Mitchell, of Philadelphia.

Hydrophobia Successfully Treated with Calomel.

In the last number of the *American Journal of the Medical Sciences*, is the report of a case of hydrophobia, by Dr. J. E. H. Liggett, of Middleburgh, M. D., which recovered under the use of calomel, in the dose of one drachm every four hours, the intervals being diminished to six and eight hours, as the symptoms improved. Purgatives were also employed. There was only moderate salivation. The patient was a colored girl, 23 years old. Sixteen or eighteen days before she was taken sick, she had been bitten by a young dog, which had been unusually dull and morose for a day or two, who died afterwards with all the symptoms of rabies in its most virulent form. The symptoms began with pain in the great toe (the part bitten), extending up the limb toward the body. At the same time, from being a very lively girl, she became dull, moody, taciturn and irritable. The mind was clear, and she had frequent and violent spasms (of what muscle is not stated), which could at any time be excited by touching her, by a current of air, or by the sight of water or other fluids. There was intense thirst, but horror and immediate spasm from the sight of water; and expectoration of small quantities of viscid mucus. The pulse was of moderate frequency throughout. The medicine was followed by immediate relief, and the girl recovered in a week.

Dr. Liggett remarks that the diagnosis in the above case has been doubted, for two reasons: first, that the patient was a female, and secondly, that she recovered, the disease being supposed to be hysteria. Of course the fact that the patient recovered must throw some doubt on the nature of the disease, since there is no authentic record, so far as we know, of recovery from undoubted hydrophobia. We think, however, that the facts that the dog was mad, and that most of the symptoms of hydrophobia were present in the patient, are very strong reasons for believing that the case was one of genuine hydrophobia. At any rate it would be easy to try the remedy in another case.—*Boston Med. and Surg. Jour.*

Milk Sickness.

In the *Nashville Journal of Medicine and Surgery*, October, J. E. Nagle, M. D., has an article upon the above subject. He

considers the disease a peculiar form of typhus fever, and he supposes it to be produced by a poisonous fungus grass. He says, "that musty wheat and *secale cornutum* of rye will produce the gangrene typhus fever, is evidenced on good authority; that the fungus of grass has the same poisonous principle I am certain and I think will be admitted if the subject be examined."

With commendable zeal Dr. Nagle experimented largely. On lands upon which this fungus grass was largely found, he pastured certain animals. "In a short time we discovered the disease was making way amongst them; those that died were subjected to post-mortem examination, with the result above stated. We then cut the grass and cured it as hay, which we fed to healthy, fresh animals. They soon gave evidence of distress: became thin in flesh, had excessive heat in the head and neck, ashriveled skin over the belly, were exceedingly costive, and giving way to delirium and debility, they died in utter exhaustion and agony. We then found that dogs fed upon the meat of such animals would get the same 'trembles,' the same symptoms, the same death, the same poisoned appearance on examination." * * "Not satisfied, however, we pushed the inquiry further, and discovered that this grass, when fed alone without mixture, produced the most horrible typhus fever—a pure poisonous fever, that was milk sickness in all its hydra gangrenous condition." * * "The result to cattle becoming thus diseased gives rise to sickness in the human body. The poison tends to the glands, and the secretion of milk will necessarily be charged with it; hence, when an animal uses the milk, or eats the flesh of such diseased cattle, the result must be a similar disease in the recipient."

There are but few subjects in medicine that have occasioned more controversy than the disease under consideration, and we look upon the paper of Dr. Nagle as one of the most satisfactory that has fallen under our observation. By many, milk sickness has been considered a modification of malarious disease, and by others it has been supposed to be produced by some unknown toxic agent. Attempts have been made to specify the peculiar poison, but none, so far as we know, have based their opinions upon such careful and extended observation as has Dr. Nagle.

We quote his closing remarks in regard to treatment. "The main object is to keep up tonic, stimulant treatment, and particularly to keep the bowels open. This is the plain rule in all climates and in all localities. After the patient has convalesced, or is in such condition that he can take nutriment, *corn meal* will be found a specific against the poison. This matter I have thoroughly tested, and I can proclaim it as a certainty, that the hydrated peroxide of iron is not a more certain cure for poisoning by arsenic, than that corn-meal is an anti-periodic and specific for the terrible disease known as milk sickness or, 'trembles'. Not only in man is it a specific, but in cattle the cure is certain. Feed either party with it in plenty, give them all they can possibly eat

give it as mush and milk, as corn bread, as raw corn meal, or any other manner you can, but give corn to cure milk sickness. *Cleveland Medical Gaz.*, from *Amer. Med. Monthly*.

EDITORIAL.

IMPROVEMENTS IN MEDICAL COLLEGE INSTRUCTION. OPINIONS OF THE MEDICAL PRESS, ETC.

Improvements in the general system of Medical College Instruction, have constituted the subject of discussion, or of Editorial comment in many of the Medical Journals during the last few months. Some of these discussions have had reference to the next meeting of the *American Medical Association*, and the convention of delegates from the Medical Colleges to be held in New Haven, on the first Monday and Tuesday in June next; and some have had reference to the organization of the Medical Department of Lind University in this city. The plan adopted by the latter Institution has been noticed at some length, and in general terms of approval, by the *Boston Medical and Surgical Journal*, the *New York Medical Gazette*, the *Medical and Surgical Reporter*, of Philadelphia, and the *Cincinnati Lancet and Observer*.

The *New Orleans Medical News and Hospital Gazette* warmly sanctions the plan, as a move in the right direction, and compliments the Faculty for their boldness in adopting it, but expresses the fear that the change is *too great* to meet with a ready support from the profession. The *Nashville Journal*, without directly approving or disapproving, expresses the opinion that the tendency of the professional mind is decidedly towards the establishment of "one solid term of nine months," similar to the arrangement adopted by the University of Virginia. The *Peninsular and Independent* of Detroit, commends the plan as a great improvement over that of the Rush Medical College, but still not sufficient to meet the wants of the profession. Prof. A. B. Palmer, one of the Editors of that Journal, expresses the opinion that the student should be required to study four years, and attend two full college terms of nine

months each. He alludes to our having formerly proposed an annual college term of *nine* months duration, and intimates an inconsistency in having now assented to the adoption of one of only *five* months. It is true that two years since we proposed a plan of Medical College Instruction, which would make the annual College term embrace *nine* months, to be divided into a junior department of *four* months for first course students, and a senior department of *five* months for second course students. Further reflection, however, satisfied us that *four* months was too short a period for the junior course. Hence, when an opportunity presented for choosing a plan for actual adoption in practice, we preferred to increase the number of Professors, so that both departments might be carried on simultaneously, and make each full *five* months; which would be just equal to a single or consecutive term of *ten* months.

Prof. Palmer will thus see that instead of consenting to the dropping off of *four* months from our former plan for "prudential reasons," we have insisted on the actual addition of *one* month to the aggregate time of College instruction. The only serious objection that we have seen or heard urged against the plan of the Lind University, is, that although it requires the student to attend two full courses of lectures, equal in duration to the courses in any of our best Colleges, yet it requires but one course in each department. In other words, its courses are not repetitional; and it is said that one course on any given subject is not sufficient to fully impress its facts on the mind of the student. In proof of this, Prof. Palmer cites the fact that students almost always think their second course is far more profitable to them than their first. This objection as applied to the system we advocate, though plausible, is nevertheless fallacious. It is undoubtedly true, that under the prevalent system of College instruction, by which the student is required to listen to lectures on all the branches promiscuously each term, his second course is far more profitable than his first; and for a very obvious reason. Almost all students during their first year of study, properly confine their reading to Anatomy, Physiology, and Materia Medica. Hence, they come to their first course of lectures with no knowledge of the

other branches. But their minds are immediately crowded with from five to six lectures per day, embracing not only a review of those branches with which they have acquired some degree of familiarity by previous study, but also four or five others to which they are entire strangers.

The number of topics thus crowded upon their attention daily, with the desire to spend the interval between the lecture hours in the dissecting room, keeps their minds in a state of confusion, which even the best students do not recover from until the term is more than half gone. Thus they actually loose about half the value of their first course by the absence of a due preparation to understand it, and the want of time to review and reflect upon it during its progress. Hence, it is not surprising that under such a system almost every student should feel conscious of obtaining far more satisfaction from his second, than from his first course. But suppose, that instead of all this, the student coming to his first course should have his attention confined exclusively to descriptive and practical Anatomy, Inorganic Chemistry, Physiology, **Materia Medica**, and General Pathology; and that he should receive as many lectures on these subjects alone as is usually devoted to all the branches. Suppose further, that the term should be sufficiently extended to require only four lectures to be given daily, thereby allowing ample time to digest them, and attend to extra lessons in Practical Anatomy and the use of the microscope, would he feel any of that embarrassment and confusion which necessarily pertained to the other course? On the contrary, would he not necessarily receive and treasure up the facts and principles embraced in these particular branches far more fully and perfectly than he could by even two courses on them, given in a much shorter time, and mingled promiscuously with courses on all the other branches at the same time?

Let the reader reflect on this seriously. By the system we advocate, the junior students get 480 lectures on the five branches just named, in twenty weeks; making an average of 96 lectures for each branch, besides extra lessons with the Microscope, Dissections, and daily examinations.

While first course students in the Rush Medical College, or

any other on the old plan, get 462 lectures in sixteen weeks, on seven or eight different branches: making at most, an average of only 66 lectures on each branch.

Can any reflecting man fail to see how much more extensively and thoroughly each branch in our junior department would be presented to the class, than the same branches could be in a course on the ordinary plan?

Again, by the ordinary college course, the student attending his second term, gets a repetition of the same 462 lectures to which he listened during his first term, and in the same heterogeneous order. While by our plan, the student coming to his second or senior term, having had his attention during the first term limited exclusively to a full and protracted course on the five most elementary branches, now brings to the review of the six remaining branches a mind fully prepared and disciplined for the work. His previously acquired familiarity with the elementary departments, enables him to fully appreciate every fact and principle presented in the lectures on the more practical branches; while the privilege of limiting his attention exclusively to these during his senior course greatly facilitates his progress. With these advantages, the senior student finds no difficulty during the five months embraced in our senior term, in thoroughly digesting the 480 new lectures on Surgical Anatomy, Organic Chemistry, Principles and Practice of Medicine, Principles and Practice of Surgery, Obstetrics and Diseases of Women and Children, and Medical Jurisprudence; with the addition of 160 Medical and Surgical Cliniques given at the bed-side of the sick, which together constitute our senior course. To convey a just idea of the difference between the ordinary plan of college instruction pursued in this country, and that advocated and adopted by us, we must pursue the contrast further.

In the ordinary system, the entire collegiate instruction of the student embraces but *seven* regular courses of lectures, aside from cliniques, on the same number of branches of medical science: while in the system we adopt, it embraces *eleven* regular courses, on as many different branches. It is well known that the important branches of Organic Chemistry,

Histology, Surgical Anatomy, and Medical Jurisprudence, though enumerated in many of the catalogues and annual announcements, are practically omitted from the ordinary college courses, simply because they are severally appended to other branches which absorb all the attention of the lecturer through the short term of sixteen weeks. The large number of Professorships in our system, secures to these important branches as full a consideration as to any of the rest.

With this comparison, showing so clearly the more methodical and natural arrangement of studies; the greater number of branches included in the course; the much larger number of lectures devoted to each branch; and the increased length of the terms, by which ample time is secured for Dissections, Microscopic Demonstrations, and Hospital clinical attendance; we might well claim that these advantages possessed by our system, far more than counterbalance any good to be derived from a mere *repetition* of the same courses. But in addition to all these advantages, we claim that our system secures to the student a far more desirable and profitable repetition of facts and principles involved in the different departments of medicine than the ordinary system. In Anatomy, for example, by the ordinary system, the Professor commences with Osteology, and progresses through the demonstration of bones, ligaments, muscles, blood vessels, nerves, and viscera, and in 49 cases out of 50, the end of the college term comes before he has completed the consideration of these. In his next course he commences at the same place, and goes over the same field again. Hence, no matter how many courses the student may attend, he is never carried beyond the elementary demonstrations in descriptive Anatomy.

By our system, however, he gets in his first course a more protracted and complete demonstration of descriptive Anatomy from the Professor in that department; and in his second, he has all the important facts of his first course brought under review, and their relations to surgery demonstrated by the Professor of Surgical Anatomy, and operations of surgery.

So with the subject of Chemistry. By the ordinary system the Professor of Chemistry begins each annual term with the

elements of Inorganic Chemistry, and in more than 49 cases out of 50, he reaches the end of the term before he has passed over more than two-thirds of the field embraced in that department of the science alone.

Prof. Blaney, of Rush Medical College, who certainly ranks among the best teachers of Chemistry in our country, generally finds himself just in the midst of a consideration of the *metals*, when the last week of the college term comes. He then, to avoid the charge of entirely omitting Organic Chemistry and Toxicology, generally devotes from two to four lectures to these important topics. The student attending his second course, simply passes over the same part of the science again. By our plan the junior student gets 60 lectures on Elementary and Inorganic Chemistry, and in his senior course he gets 60 more on Organic Chemistry, by which the facts and principles of the inorganic course are necessarily brought under review in their application to the study of organic substances. It is thus easy to perceive that while our system of Medical College Instruction does not consist in an endless repetition of courses on the same part of each branch, it does permit such a repetition of the facts and principles taught in the one department, as will bring them fully under review in the other, and show their direct application to the elucidation of the several branches taught in the senior department. And this we regard as just the kind of repetition that the student most needs.

We are confident, both from careful reflection, and from the experience of the present session, that the more our system is examined, the better its actual scope and designs are understood, the more certainly will it meet the approval of the profession. In the language of a private correspondent, "if successfully carried out, it will work a great and most decidedly favorable change in our educational system." It is so radically different from the ordinary system of Medical College organization in this country, that many of our friends who cordially approve of both its principles and details, express the fear that it is undertaking too great a change at once; and our friendly New Orleans contemporary reminds us of the old maxim "*Festina Lente.*"

In reply, we must remind our friends that there are some things that cannot be done either slowly or gradually. For instance, we cannot adopt a *principle* of action gradually. The system of Medical College Instruction which we have devised, has for its fundamental principle the division of the annual college term into two departments, with one half of the field of medical science and art assigned to one department, and the other half to the other; by which a strictly methodical system of study is secured to the student, and the aggregate extent of the field of medical college instruction greatly enlarged. No institution can adopt this principle slowly. Each college undertaking to act on the subject, must either adopt it at once by dividing the term, or reject it by adhering to the ordinary plan. Those who control the Medical Department of Lind University have chosen to adopt it, and we are confident that the profession of the North-West will both approve and sustain their choice. We are glad to see indications that the Committees of Conference appointed by the American Medical Association at its meeting in Louisville, and the Convention of Delegates from the Medical Colleges, are giving serious attention to the subject referred to them. We hope they will mature such measures as will meet the approval of both these bodies at their next meetings, and will speedily result in a great improvement of the ordinary plan of College instruction throughout the whole country.

PUBLIC ANNUAL COMMENCEMENT IN THE MEDICAL
DEPARTMENT OF LIND UNIVERSITY.

The first public commencement in the Medical Department of Lind University, will be held in the Second Presbyterian Church, on the corner of Wabash Avenue and Washington Streets, on Monday Evening, March 5th. The exercises will consist of a prayer by the Chaplin, the awarding of a present to the author of the best inaugural thesis; a valedictory address on behalf of the students by one of their number; the conferring of the degree of M. D. on those who have passed their examinations satisfactorily; and a valedictory address to the

graduates by the President of the Faculty, Prof. H. A. Johnson; after which an entertainment will be given to the graduates and students at the residence of Prof. N. S. Davis. The following candidates having complied with the requisitions of this department of the University, and sustained a satisfactory examination on all the branches taught in the junior and senior courses, will receive the degree of Doctor of Medicine, viz:

C. DeHaven Jones, of Evanston, Illinois.
 John Conant, of Rockford, Illinois.
 J. S. Jewell, of Attila, Illinois.
 Rufus Coggsell, of Illinois.
 J. M. Kendall, of Wabash, Indiana.
 Lucian Ashley, of Magnolia, Illinois.
 Thomas J. Rigg, of Chicago, Illinois.
 Horace B. Pike, of Chicago, Illinois.
 J. F. Hopkins, of Milwaukee, Wisconsin.
 A. D. Andrews, of River Falls, Wisconsin.

The *ad eundem* degree will also be conferred on Drs. Edward C. Dickinson, and Ezra A. Steele, both of this city.

ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY.

The tenth annual meeting of this Society will be held in Paris, Edgar Co., on the 2nd Tuesday in *May* next. We hope the profession throughout the State will remember the time, and that a full representation from all sections will be present. The people of Paris will give them a most hospitable reception. The following preamble and resolutions offered by Dr. T. D. Washburn at the last meeting, will come up for consideration during the coming session. They have been published in the *Cincinnati Lancet and Observer*, and in the *North American Medical-Chirurgical Review*, and the sentiments they contain were fully endorsed by the editors of both these Journals.

We call particular attention to these resolutions at this time, because our neighbor of the *Chicago Medical Journal* has two or three times alluded to them as proposing action disrespectful to the profession of New Haven, where the American Medical Association is to hold its next meeting, and at the same

time he has carefully abstained from publishing the resolutions so that his readers might judge for themselves. Such a course is not only contemptible in itself, but manifestly unjust to the members of our own State Society. The preamble and resolutions are as follows :

Whereas, the American Medical Association is a national Association, composed of delegates and members from all parts of the United States, meeting on terms of perfect equality :

Therefore, *Resolved*, That in the opinion of this Society, all the officers of the Association should be selected strictly with reference to *merit*, and without any regard to their place of residence.

Resolved, That the custom of selecting the President of the Association exclusively from the Profession of the City in which the Annual Meeting is held, is not only derogatory to the *general* character of the organization, and calculated greatly to lessen the honor which should attach to that office, but past experience has shown that it leads directly to local divisions, jealousies, and injurious partisan strife.

Resolved, That the delegates from this Society to the Association, be instructed to use their influence to abrogate the custom alluded to in the preceding resolution.

Resolved, That the secretary be directed to furnish copies of the foregoing resolutions to other state and local Medical Societies, and ask their attention to the same.

ANNUAL COMMENCEMENT OF RUSH MEDICAL COLLEGE.

The Public commencement of Rush Medical College was held in the College, on the evening of the 15th of February. The lecture room was well filled by an attentive audience. The exercises consisted simply in prayer by the chaplain, the conferring of the degree of Doctor of Medicine on 34 candidates, and the reading of a valedictory address by the President of the College, Prof. D. Brainard. The address commenced with a brief allusion to the past history of the College, and then proceeded to discuss the "wants of the American Physician," and to hold up Hunter and McClellan as pre-eminently worthy of imitation by all members of our profession. The whole was, suitably *seasoned* with non-complimentary allusions to the "*pseudo-reformers* of the *present day*." The whole number attending that College, during the past session, is reported to

be about 100, being a moderate diminution from the previous session, and a less number than has attended during any previous year since 1849.

SUMMER COURSE OF MEDICAL INSTRUCTION IN CONNECTION WITH MEDICAL DEPARTMENT OF LIND UNIVERSITY.

Immediately after the close of the regular annual course of instruction in this Institution, which occurs on the first Monday in March, a summer course of instruction will be commenced. This course will embrace instruction in Clinical Medicine in the Mercy Hospital and the Chicago City Dispensary, by Prof. N. S. Davis; in Clinical Surgery, by Prof. E. Andrews, in the same Institutions; in the more important topics connected with Midwifery and Diseases of Women, by Prof. W. H. Byford; in Analytical Chemistry, by Prof. F. Mahla; in Practical Anatomy, by Dr. H. Wardner; in Histology and Microscopy, by Prof. J. H. Hollister; on Auscultation and Percussion, by Dr. E. A. Steele; and on the Diseases of the Genito Urinary Organs, by Dr. S. C. Blake.

If Prof. Deville remains in the city, he will also give a course of instruction in Surgical Anatomy and Operative Surgery.

The instruction in all the above named departments will be FREE for the attendance of any regular student of medicine, except those of Analytical Chemistry, Practical Anatomy, and Surgical Anatomy with Operative Surgery. For each of these a moderate fee will be charged to defray the expense of material used, etc. To those who wish to pursue the study of medicine in Chicago the coming summer, this will afford every needful facility.

A QUESTION OF ETHICS.

"1. *Reductions of Dislocations of the Hip Joint by Manipulation.*

Since making the note published in our issue for October, a case of this accident has fallen under our notice, which differs

in some respects from those heretofore met with. It was that of Page, the baggage-man, injured at the accident on the Chicago and Northwestern R. R., near Watertown, Wis. The head of the bone lay in the ischiatic notch. Near three days had elapsed since the accident. Efforts at reduction had been made by a surgeon from Milwaukee, who, after applying, as we were informed, a very great mechanical power, without success, pronounced it a *fracture of the neck of the femur*, but left it without applying any dressing. The ligaments of the hip joint appeared to be entirely torn across and much contusion produced, as the member could be moved more freely than is usual in such cases.

Reduction by Reid's method was effected, but less readily than is usual. After the reduction, a slight tetanic spasm supervened, which lasted several days, but which, at our last visit, Nov. 24, three weeks after the accident, had almost entirely disappeared.

We have felt called upon in this case, contrary to uniform practice, to make a statement of facts, which may seem to reflect upon the surgeon previously called, in consequence of the attacks repeatedly made upon us in the *Milwaukee Daily News*.

We copy the above from the 12th number of the *Chicago Medical Journal*, because it contains a grave charge against one of the most upright and distinguished surgeons in the neighboring State of Wisconsin. The paragraph not only charges the "Surgeon from Milwaukee" with ignorance in having mistaken a dislocation for a fracture of the neck of the femur, and with having used undue force or violence in efforts to reduce the limb; but also in a marginal note, he is indirectly accused of having assailed Dr. Brainard through the columns of a Milwaukee daily paper. As a just and proper offset to these charges, we publish the following statement, communicated by the surgeon referred to by Dr. Brainard.

Milwaukee, Jan., 1860.

E. A. STEELE, M. D.,

Dear Sir:—

I was at Watertown soon after the "Belleville Calamity." Saw Mr. Paige, and will cheerfully give you the *facts* as far as I know them. I found him with a dislocation of the left shoulder, and injury of the corresponding hip. After a reduction of the shoulder, I examined the hip; it was not an easy

matter to determine the true nature of the injury. The position of the limb corresponded very nearly to a dislocation into the ischiatic notch; but on moving it, doubt was at once thrown upon that supposition, by the ease and latitude of abduction, as well as the readiness with which moderate extension would bring the injured limb to correspond in length with the sound one. Thus far, no other surgeon, so far as I know, had examined Mr. Page. I foresaw difficulties in the case, and left it until the delegation from Milwaukee arrived, which was soon after. A more thorough examination was then instituted, resulting in more or less difference of opinion—some regarding it as a dislocation—others a fracture within the capsular ligament, or of the acromion. It was, however, agreed that an effort at reduction should be made, which, if successful, would settle the case; if not, still more, by bringing the fractured pieces in contact, thereby producing coaptation. During the attempt to reduce, I thought, and still believe, I felt several times distinct coaptation. This, of course, settled the question in my mind that a fracture of some kind existed. A diversity of opinion still existed, and several other attempts were made to reduce; during which a number of the medical gentlemen declared they also detected crepitus.

I returned to Milwaukee the next day. Dr. Brainard saw Page the same day in the afternoon, and said he reduced the dislocation, and that in a few weeks he (Page) would be well.

I returned to Watertown the next day after. Saw Page and some of his friends; they, of course, were feeling very well, for I had told them Page would never entirely recover. On this occasion I reiterated the same opinion, but added the hope that I might some day be disappointed, by learning that he had *fully* recovered.

Through the courtesy of a medical friend (I do not take the *Journal*) I have seen this evening, for the first time, the Editor's remarks on "reduction of dislocation of the hip joint by manipulation."

He states, that he was informed, that a surgeon from Milwaukee applied great mechanical power, tearing entirely across the ligaments of the hip joint, producing much contusion, &c. He also says, "the reduction by Reid's method was effected, but less readily than is usual."

Was the ruptured state of the ligaments the cause of the unusual difficulty? Whoever informed Dr. Brainard as to the force used, or least when I was present, was either ignorant or malicious. The statement is unqualifiedly false, and can be so proved by every medical gentleman present on the occasion,

and they were quite numerous. Further, he speaks of *slight* tetanic spasms supervening after the reduction, lasting *several* days. It is well known, that for many weeks he was in a most critical condition, and at times his life even was despaired of by both friends and medical attendants.

I have never taken the *Milwaukee Daily News*, and should never have seen the "attacks" made on the Doctor had they not been shown me by others. I will send you, if I can find them, the paper that you may see how badly the Doctor was "attacked."

Very Respectfully,

Your Obt. Servant,

E. B. WOLCOTT.

We have further learned from a reliable source, that no post mortem examination was made; but that after suffering for a considerable time after the operation for reducing the dislocation of the hip, by Dr. Brainard, from tetanic muscular contractions of considerable severity, he improved slowly until he was removed to McHenry, where he was attacked with vomiting and other symptoms of gastritis, which persisted until fatal exhaustion supervened.

PROFESSIONS AGAINST PRACTICE.

In the *Chicago Medical Journal* for June last, among other misrepresentations, the editor stated that the ordinary course of instruction in the Rush Medical College embraced an aggregate of 570 lectures, while a course in the Medical department of Lind University embraced only 430; and therefore the founders of the latter had narrowed instead of extended the field of College instruction. Since then each of these institutions have actually completed their annual course of lectures. The regular lecture term in the Rush Medical College continued just fifteen weeks and two days. Six lectures per day were given except on Wednesdays and Saturdays when only three were given, the afternoon of those days being devoted to clinical purposes. This gave thirty lectures per week for fifteen weeks and twelve lectures for the two additional days,

making an aggregate for the whole term of just 462 lectures instead of the 570 previously claimed.

The annual term in the Medical department of Lind University is five months or twenty full weeks. The term consists of two departments, the Junior and Senior. The first embraces four lectures per day throughout the whole term on Anatomy, Physiology, and Histology, Materia Medica, Inorganic Chemistry, and General Pathology; making an aggregate of 480 lectures. Hence a first course student in this school hears eighteen more lectures on these five branches, than are given in the Rush Medical College on all the departments of medical science. While a student attending his second course in the latter institution hears a *repetition* of the same 462 lectures. In the University he enters the Senior department and listens to 480 more lectures on Organic Chemistry, Surgical Anatomy, Practical Medicine, Practical Surgery, Obstetrics, and Medical Jurisprudence.

The clinical advantages of the two schools during the terms just closed were as follows: In the Rush Medical College each student taking the Hospital tickets, was admitted to 3 Hospital and 1 College Clinique each week, making an aggregate of 60 Cliniques for the term. In the University School, each student taking the Hospital ticket was admitted to 6 Hospital and 2 College Cliniques per week, making an aggregate of 160 Cliniques during the term. Thus it will be seen that a student depending on Rush Medical College for education, would get 462 lectures and 60 cliniques once repeated. While in the Medical Department of Lind University, he would get 960 consecutive lectures, and 160 cliniques.

And this is what the senior editor of the *Chicago Medical Journal* called *narrowing the field of College Instruction!*

The American Medical Association will hold its thirteenth annual meeting at New Haven, on the *first Tuesday of June*, 1860. The secretaries of local societies, colleges and hospitals, are requested to forward to the undersigned, the name of delegates as soon as they are appointed.

STEPHEN G. HUBBARD, M. D., *Secretary,*
New Haven, Ct.

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ORIGINAL COMMUNICATIONS.

AN ACCOUNT OF AN EPIDEMIC OF DIPHTHERIA.

By WM. L. WELLS, M. D., of Milwaukee, Wisconsin. *

This epidemic occurred during the months of July, August, September, and October, in a farming country in the vicinity of the city of Milwaukee. The extent of country over which it prevailed occupies about three square miles, which includes parts of the townships of East and West Granville and Menomonee, containing a population approximating 800 souls. The country is pleasingly undulating, and equally divided between cultivated and timber land. It is watered by two small rivers, and on many of the farms there are springs, with smaller streams flowing from them. The soil is of the lime-stone formation, with a loose sub-soil favorable to the easy penetration of water. There having been but little rain during the spring and summer, the rivers were lower than usual, and many of the smaller streams had completely disappeared. The wet meadows, and one or two swamps in the affected locality, usually supplied with water from springs, were dry. As for the climate of this region and neighborhood, we will simply state, that the summers are short and cool, vegetation is never exposed to a burning sun, so favorable, according to some theorists, to the creation of epidemic causes. The winters are long and cold, but the atmosphere is dry; these facts giving to Wisconsin the universal reputation of being one of the most healthy regions in the states. The townships which suffered from this epidemic, have been free from epidemics for several years. Scarlet fevers prevailed to some extent, and with more

* This epidemic occurred in the practice of Dr. S. S. Clark, of Menomonee. Having a large circuit to ride, and being unable to attend to this sudden increase of practice, he requested my aid. Thus was I enabled to watch the progress of the epidemic. I am indebted to him, also, for his assistance in this article, as I have gathered many facts from his notes and cases.

than their ordinary mortality five years ago. The diseases of this neighborhood have been such as are incident to any similar community, with the exception, perhaps, of occasional seasons when malarious influences would stamp the character of prevailing diseases. The year preceding the epidemic was a remarkably healthy one, and less malarious diseases than usual, though these have been steadily declining for some years.

This district is almost entirely settled by Pennsylvania Germans, well off in worldly goods. They live in well built and comfortable farm houses, and compared with foreign settlers are more cleanly in their household arrangements, and pay stricter attention to domestic hygiene. The adults are strong and robust, the children generally fine looking and healthy.

This epidemic, as we have already said, commenced in July, and ended in the latter part of October. It seemed to have arrived at the height of its violence about the middle of August, it then abated, and in September it appeared to have entirely ceased; but in October it broke out again with increased severity, thirty-five being seized in the short space of three days. The morbid agency ceased to act as suddenly as it began the second time, and in November it had entirely disappeared.

There were 133 persons attacked, 26 adults and 107 children. The majority of cases were between the ages of 2 and 10. Of the adults there was one aged 63. There were but four deaths, all occurring in children aged 3, 5, 8 and 10. Three of the fatal cases occurred in the same family, and were the first attacked; the fourth was the first case after the interval of repose of the epidemic influence. Two died from a rapid and extreme prostration; in one of these the pharyngeal inflammation terminated in gangrene; one died three weeks after all traces of the local affection had disappeared, suffering at the time with intense anæmia and paralysis of the lower extremities, and the fourth died with croupal symptoms. In describing this epidemic, we will simply give its general features, as individual cases would not furnish sufficient variety to be interesting. Those cases, however, which illustrate certain special phenomena bearing upon disputed points in diagnosis and pathology, will be mentioned.

The symptoms of this disease have been so faithfully given by Bretonneau, that his description would suit the characteristics of epidemics as witnessed in France, but that his observations did not take in the whole disease is evident from what subsequent observers have accomplished. The general law which governed epidemics of his day are the same to day, though there have been variations in its expression, doubtless dependent upon local influences, such as geographical position,

climate, etc., and it is from the sum of these differences, so to speak, that we can arrive at any true conclusion as to its nature. Owing to a loose and extended nomenclature of this disease, observers have fallen into errors, some denying its specific character, others claiming its identity with other diseases, others still, that it is a disease *sui generis*; and the consequent confusion in their descriptions of epidemics, not only detracts from the value of their observations, but it impedes progress in the investigations of others. Careful and faithful records of different epidemics can alone bring order out of this confusion. By a close attention to the symptoms are we made acquainted with the laws of the disease, and thus will be enabled to distinguish it by a name which can never be misapplied. We shall, therefore, confine ourselves to those phenomena as they appeared to us during this epidemic, saving such reflections and conclusions arrived at for that part of our article under the head of remarks.

Symptoms.—There was no uniformity in its manner of access. The prodromata, using the term in its usual signification, those symptoms existing before the formation of the false membrane, when they exist were from one to several days duration. These though common at the onset of many diseases, should arouse the suspicion of the practitioner when he meets with them during the prevalence of an epidemic of diphtheria. These are, a chill, headache, a febrile condition, hot skin, tongue coated, loss of a appetite, nausea, vomiting, a feeling of malaise, a slight soreness of the throat, some difficulty in deglutition, and on examination of the fauces a more or less redness of the mucous membrane. These symptoms varied in their appearance and intensity in different cases; in some they were so slight as to attract but little attention; in others they were so severe as to confine the patient to bed for several days before the appearance of the false membrane. In several instances they seemed to constitute the whole disease; repeated and most careful examinations of the fauces and cutaneous surface revealed no membranous exudation. Again, the false membrane was in some cases the first indication of the disease.

Symptoms referable to the Throat.—In some cases pain was complained of only during the act of deglutition, in others it was constant and severe, but this symptom bore no relation to the severity of the local affection. The mucous membrane more or less congested, but in no instance could we discover the peculiar ecchymotic and striated appearance described by Bretonneau and other authors. The tonsils in some cases were tumefied, so much so at times as to form a serious complication; any considerable degree of tumefaction however was an exception. The adventitious membrane generally made its appear-

ance on the second or third day—in a few instances as late as fifth or sixth day—and this if not checked would rapidly spread; in but one instance did it pass to the air passages producing croupal symptoms, the case proved fatal.

False Membrane.—This would vary in its locality of first appearance, usually however it was first discovered on one of the tonsils, rarely on both at the same time. In some it commenced by small white spots which would soon unite forming a continuous sheet, in others a patch of size would be developed in a few hours. Once formed, its tendency was to spread, and unless arrested, one or both tonsils with their pillars and the soft palate would be invaded. The pharynx was its exceptional seat. Occasionally it was seen in and about the external openings of the nares, but in most of these cases there existed a herpes or eczema. Its color and thickness would vary in different cases, and according to the length of time it remained undisturbed upon the mucous membrane. Sometimes it was white, resembling a thin layer of mucus, at other times it was yellow, which, on a congested and perhaps tumefied surface, put on the appearance of an ulcer. Again it was gray or ash-colored, which with a fetid odor might be mistaken for commencing gangrene. The false membrane was more or less adherent to the subjacent mucous surface; at times it was easily detached, leaving the mucous membrane in its integrity; at others its removal would be followed by some bleeding, revealing a slight erosion. Once detached it was soon reproduced, and this removal and reproduction would in many cases be repeated for several days before it disappeared, which took place as early as the second and as late as the fourteenth day. The peculiar characteristics of this membrane have received such minute descriptions from authors, that we will not repeat here what our readers may already know. The question as to whether it is situated between the mucous membrane and the epithelial layer, its chemical composition and microscopical appearances have but little value to the practical physician, as there are other more certain and ready means of diagnosis. That the false membrane has an erosive or irritating property, is exemplified by the following case:

Case.—Girl aged 7 years, was attacked with a mild form of diphtheria. The local symptoms yielded readily to treatment, so that on the third day there remained but a small patch of the false membrane about the size of a half dime on the left tonsil. Wishing to watch the process of spontaneous detachment we left it undisturbed. On the morrow it had increased in extent, and on the third day it covered nearly the whole

tonsil, and the cervical glands had notably increased in volume. Deeming it imprudent to let it remain, it was carefully detached with the forceps and an ulcer was discovered on the tonsil corresponding to that portion of the false membrane which had remained the longest. The local application of the sesquichloride of iron, and this remedy with chlorate of potash soon produced cure. Although the tumefaction of the cervical glands existed in every instance, yet we think that their rapid increase in volume being coincident with the existence of an ulcer in this case, will illustrate that dependency between this enlargement and the absorption of some irritating or poisonous secretion. This relation is analogous to what is seen in other diseases, as between a chancre and bubo, and between enlarged mesenteric glands and ulcerated peyer's glands. The existence of the ulcer we are inclined to believe depended upon the long continuance of the false membrane upon the mucous surface, as the same lesion was noticed in another case where the exudation had evidently existed some days before we saw the case. May not the infrequency of ulceration depend in some measure upon the local treatment now generally adopted and so necessary in the management of the local symptoms?

Gangrene.—This occurred but in one instance, and this was the first case and first victim of the epidemic. The following is the case as related to us by Dr. Clark:

Case.—A boy 10 years of age, had been sick for six or seven days before I was called. He was already in an alarming condition, there was great prostration, his face oedematous and of a cachectic leaden hue, pulse quick and feeble, a complete inability to swallow, a quickened but not efficient respiration, breath fetid, and sides of the neck swollen, and a fetid diarrhoea. On examination of the throat there was discovered a loss of substance of both tonsils. They were excavated, presenting a bloody and greenish appearance, and numerous shreds of filaments of the fauces presented a dirty ash color, and the odor was not to be mistaken, so characteristic was it of gangrene. From the general condition of the patient, the extensive local ravages of the disease, and the loss of the power of deglutition, I at once pronounced the case fatal. My best directed treatment had no influence on the gangrenous destruction of the parts, and on the fourth day the patient died with almost a total destruction of both tonsils, the uvula and part of the soft palate; the whole of the fauces appearing as a continuous gangrenous ulcer. I was in doubt as to the nature of this disease, so rapid and malignant was it in its progress, until the day before his death when another of the family was taken sick, bearing the unmistakable marks of diphtheria. The

disease ran rapidly through the family, four children, mother and domestic, sparing the father. We will refer to this case hereafter.

Lymphatic glands of the neck.—A tumefaction of these glands always accompanied the inflammation of the throat. This was a constant symptom, and was most manifest on the side where the throat was mostly inflamed or the false membrane most extensive. In a few instances this tumefaction of the glands existed before the exudation was detected, but this latter did not delay to make its appearance. But in these cases, it is possible that it may have existed, and become detached by coughing or in the effort of deglutition prior to examination. This glandular swelling would remain for a variable length of time after the disappearance of the false membrane; in no instance did suppuration supervene, a fact noticed by some observers.

Fever.—The febrile symptoms varied greatly in different cases. These seemed to be governed more by constitutional peculiarities rather than by the severity of the disease; ordinarily, however, they were but slight. In some cases during the whole course of the disease, the febrile movement would be scarcely appreciable, in others it would be more or less intense from the beginning.

The Tongue was almost invariable in its appearance. It presented a dirty white or cream colored coating, through which the enlarged and red papilla projected, giving the organ a very peculiar appearance.

A want of Appetite was one of the most constant and troublesome symptoms, often amounting to a *great disgust* for food. In many instances this would continue not only during the activity of the disease, but also during convalescence, baffling every attempt on our part in the administration of remedies, and the ingenuity of parents in the preparation of dishes to excite it.

Voice.—In many cases there was a marked alteration in the voice, it having a decided "nasal twang," nothing in common however, with the hoarse and whispering voice of croup. This did not depend upon obstruction of the posterior nares by any tumefaction of the parts, but it could be referred to a paralysis of the soft palate.

Cough.—This when present, was neither violent nor paroxysmal, but short and expulsive, as if to free the throat from some irritating substance.

Albumine in the Urine.—Albumine was present in the urine of some of the cases examined: quite abundant in one of the fatal cases. Knowing the importance of this symptom

in other diseases, we regret that we did not carry our investigations so far that they might be of some practical value. The fact, however, that it was not constant in all of the *few* cases examined, is sufficient to demand for this symptom a more careful appreciation in future observations.

Symptoms referable to the cutaneous surface.—The skin presented but one important symptom, and this was the false membranous exudation. The following case will illustrate the importance of this symptom.

Case.—In a family of five children two were confined to bed with diphtheria. At one of our visits we noticed a third, a boy aged 8 years, with a pale countenance, a coated tongue. He complained of a loss of appetite, head-ache, and had vomited twice during the twenty-four hours. On examination we found the fauces slightly inflamed; absence of false membrane, and no tumefaction of the cervical glands. These symptoms were looked upon as prodromata, and we told the family that he was suffering from the epidemic poison. On inquiry as to whether he had any sores on his body, we learned that he had a few days previous injured his foot, and on examination we found a sore covered with a diphtheritic exudation, and the surrounding integuments had the appearance of an erysipelatous inflammation. There was now no doubt as to the cause of his indisposition. Two days after, the sore had nearly doubled in size, and on the third day the false membrane made its appearance in the throat, thus making the case pharyngo-cutaneous diphtheria, according to the universal and erroneous manner of naming this disease from one or more of its local manifestations.

This case is but a type of many met with, but in none was the exudation confined to the cutaneous surface, and here it only appeared in those parts already deprived of the epidermis, whether by disease, accident, or remedies in one case on a blistered surface.

This case conclusively illustrates that the symptom or sign which has given name to this disease, is but a local evidence of a morbid poison affecting the whole system, having a predilection however for its manifestation in the throat, and requiring certain conditions of the skin, an abrasion, ulcer, etc., for its appearance on this surface.

Besides the above, there are constitutional symptoms, which, when mentioned by authors, have been passed over with too slight a notice. In these lie the *genie* of the disease, they alone being sufficient to stamp its individuality. Too much importance has been given to local manifestations; had the same attention been given to that general condition of the system

tending to or producing their development, much of the confusion as to its specific character and pathology would have been avoided. We refer to a more or less intense anæmia, a depression of the vital powers, and to local or general paralysis. These conditions, when spoken, have been described as sequences, but that they may appear during the activity of the disease, or even constitute the only evidence of the action of the diphtheritic poison, we have indubitable testimony.

Anæmia.—There was a constant tendency to an anæmic condition; in some cases it was the earliest symptom noticed. It generally made its appearance early in the disease, and in some cases it would not arrive at its maximum until long after the disappearance of the false membrane. In several instances, in families where diphtheria was prevailing, cases of sudden anæmia occurred not referable to any appreciable cause, nor accompanied by the pathognomonic sign of diphtheria, but the same condition being common in well marked cases of diphtheria, we could not but conclude that it depended upon the influence of the prevailing morbid poison. The characteristics of this state are too well known that it should need a description from us, its only peculiarities in diphtheria being its occasional sudden appearance, its rapid progress, and absence of common causes.

Nervous depression.—This state, like the preceding, varied as to the stage of the disease in which it made its appearance, usually it was an early symptom. It was also a common symptom, but differed in its degree in different cases. This prostration of the constitutional forces bore a strong resemblance to that observed in typhoid fever; the patients, though silent, inattentive, restless, sleepless, feeble, and fatigued, did not present that stupor or delirium of typhoid. We will again speak of this state in our remarks.

Paralysis.—Paralysis of the soft palate was observed in many cases, the patients having a decided "nasal twang" of the voice, and more or less difficulty of pronounciation; in one or two cases this was accompanied with paralysis of the muscles of deglutition, as shown by the regurgitation of food by the nostrils in attempts to swallow.

Hemiplegia.—This occurred but once.

Case.—A boy aged 5 years, in excellent health, was attacked with diphtheria during his brother's sickness with the same. The disease passed through a mild course. The false membrane ceased to appear about the fifth day, and convalescence seemed to have been established. His appetite improved, his former playfulness returned, and he engaged in his ordinary nursery sports. In about a week we were again summoned,

and found him with a pale and puffy face, quick pulse, a distressing sensation of fatigue, loss of appetite; no soreness of the throat, no pain in deglutition, no appearance of false membrane. We attributed his present state to imprudence on part of the parents, in permitting him to play in the yard improperly clad—head uncovered and face bare—exposed to a damp atmosphere. Two days after, we found him in a profound adynamic state, the anæmia intense, face pale, of a leaden hue, and somewhat œdematous; the anæmic bruit audible over the cardiac region and in the carotids; no head-ache; the cerebral functions undisturbed. *There was a decided nasal intonation of his voice, food regurgitated by the nostrils, and on taking him out of bed we discovered that he had lost the use of his lower limbs.* Albumine quite abundant in his urine. These symptoms became more and more marked, notwithstanding our best directed energies; and he gradually sunk, and died on the sixth day of our visits, from extreme prostration.

This case, although imperfectly given, is instructive in more than one point. Here we find combined in the same patient two of the most formidable sequela of this disease, the one common and the other exceptional; and the time of their appearance shows that the cessation of medical attention and treatment should not be determined by the disappearance of the false membrane, nor by an apparently well established convalescence. We will give another case illustrative of this fact when we speak of the treatment. It also shows the error of giving too much stress to the local manifestation to the neglect of constitutional phenomena, which may constitute the only evidences of the disease. This rapid and fatal prostration may occur before special lesions are manifested.

Duration.—When the disease was without complications, it ran through its stages in a few days. However, there was nothing constant in this. The false membrane disappeared in some cases in two days; in others from ten to fourteen days. In cases complicated with anæmia, the convalescence was slow and long; a few still under treatment, three months from date of sickness, for this condition.

Relapse. Case.—A young lady, aged 19 years, was attacked during the early period of the epidemic. The disease was well characterized, pursued a mild course, and disappeared in a few days. During her sickness she was suffering from disordered catamenia, and she presented the appearance of one laboring under incipient chlorosis. This suppressed menstruation added to a mental depression caused by an *annoying disappointment*, gave such an impulse to the tendency of her diphtheritic attack to anæmia, as to demand special attention. She was put

on a tonic and chalybeate course. Four weeks after, her angina ceased, and at the time when the epidemic so suddenly increased in violence, she complained of head-ache, an increased loss of appetite, and soreness of the throat, which soon put on the distinguishing marks of diphtheria. The relapse was more severe and longer continued than the first attack. Her convalescence was incomplete, she having suffered long from paralysis of the soft palate: the only inconvenience, however, being an alteration in her voice and she is still, four months from first attack, under treatment for decided anemia.

Whether this case should be considered as an instance of second occurrence, or whether the two attacks were but the one and same disease, the morbid poison having ceased to operate for an interval, we will not attempt to decide positively. After her first attack, or during the interval of quiet, which was also the interval of repose of the general epidemic influence, her throat resumed its healthy look, her tongue cleared, and the cervical glands resumed their normal condition; there were no traces of diphtheria, save her anemic state, which could be ascribed to other causes. Added to these facts, the length of time between the attacks, and the sudden and violent manner of the second outbreak of the epidemic, we are inclined to regard it an instance of second occurrence, her health establishing a predisposition which yielded to the causes which renewed the force of the prevailing influence. To regard it as a case of second occurrence would not militate against the specific character of the disease. This is but what occurs in other diseases where specific character is unquestionable, as in measles, scarlet fever, small pox, typhoid fever, etc. If this were or were not a fact, it would have no weight in establishing the peculiarities of diphtheria; "these must be facts determined by experience, and not inferences determined by reasoning."

Treatment.—We need not dwell long on the treatment, as we claim no originality in the method pursued. Of all the internal remedies that have been recommended, we placed our chief reliance on the tincture of sesquichloride of iron, hydrochloric acid, and chlorate of potassa. These were either given together in some convenient vehicle, or in alternate doses. Occasionally, but rarely, the tincture of iron could not be borne for many successive days: in these we gave as a substitute, sulphate of quinine and citrate of iron. The doses of these remedies were full, and regulated according to the age of the patient. Emetics were given at the onset in some cases, but as they did not seem to have any effect on the severity or duration of the disease, they were discontinued, except in those cases where their mechanical aid in detaching the membrane

would be of service. When cathartics were called for, the mildest were selected; in those cases where enemata would answer, they were always preferred.

A generous diet was allowed; beef tea, mutton broth, rich chicken soup, etc., together with a more or less free use of wine, brandy, or any other stimulant at hand. We urged, and in some cases forced patients to take nourishment, notwithstanding the loss of appetite, amounting in some cases to a disgust for food, as these symptoms were no index as to the state of the digestive powers.

Local Treatment.—This consisted in the removal of the false membrane *with the forceps*, which, except in the youngest patients, could be easily done by devising means of keeping the mouth open and tongue down, and the subsequent application of a solution of the nitrate of silver, twenty to forty grains to the ounce, the strength varying according to the severity of local symptoms. The tincture of the sesquichloride of iron, or hydrochloric acid, were substituted for the nitrate where there was an impossibility to remove the membrane, believing that they assisted more in detaching the membrane than the nitrate; they were also used whenever there was any fetor or suspicious discoloration of the membrane. The frequency of these applications was determined by the rapidity in which the membrane was reproduced. Gargles of tannin, alum, chloride of soda, and chlorate of potass were used; the two former seemed to be useless, the latter acted undoubtedly as a solvent of the membrane; this we have frequently proved by placing portions of the membrane in a strong solution of the chlorate.

Both general and local treatment should be continued for a few days after the disappearance of the false membrane, as the following case will illustrate.

Case.—A boy, five years of age, had suffered from the ordinary symptoms, and was treated in the usual manner. On the fifth day all traces of the false membrane had disappeared. With general directions as to his management, and with strict injunctions that his throat should be examined daily, we left him as convalescent. Three days after we were again summoned, and found the exudation covering both tonsils and part of the soft palate. Patient slowly recovered.

Thus have we attempted to describe the progress and phenomena of this epidemic as faithfully as possible, and as minutely as is necessary. We could here conclude our article, leaving the reader to draw his own conclusions, but there are certain facts bearing upon some disputed points as to the nature of this disease, which we do not wish to pass in silence.

Remarks.—Every few years the attention of the medical

world is arrested by the discovery of a new disease, and our journals are gorged by writers who wish to print, to do honor to the discoverer, and to swell the importance of the strange disease.

Ever since M. Bretonneau, of Tours, published his observations on the disease, the discussions as to its nature have been continued, so that there is no disease in modern times whose literature is so rich, and we may add so confused. That the disease has not been fully understood, we may judge from the multiplicity of names it has received; perhaps there is no malady whose nomenclature is so extended and so vague. From this confusion in nomenclature and descriptions arises the opinion of some that diphtheria is of recent origin.

Is it a new disease? We do not intend to give more of the history of diphtheria than is necessary to answer this question. We are loath to believe in the "sudden development of strange types of disease" of new organic poisons and new contagions. The notion of a new disease springing up among the human race militates against that law of sameness observable in their economy. A first recognition and description of a malady particularly constitute its newness, but this is no proof that it has not existed in all ages. Diseases are often overlooked or confounded with others; descriptions drawn from hasty inferences; theories imperfectly conceived, and facts obscurely ascertained, pass through lengthened periods of our art, and it is the separating the dross from the metal that constitutes much of our progress. Whooping cough was not described as a separate disorder prior to Dr. Thos. Willis, and we learn from Willan that Sydenham was the first to mention scarlet fever, yet no one doubts but what these diseases existed before these observers; we only think it strange that they should have passed so long unnoticed. It is stranger still that diphtheria, terrible and destructive as it has been in some countries, should not have been recognized by the profession at large as a disease *suigeneris*, long ere Bretonneau pronounced it such.

We find in ancient and modern writers descriptions of it, as graphic and clear as that given by this noted observer. Indeed he does not claim the title of discoverer, for he traces descriptions of diphtheritic inflammation from the time of Hippocrates down to his own age. The following passages from Areteus are sufficient to show his acquaintance with this disease. "Ulcera, in tonsillis fiunt, aliqua mitia, aliqua pestifera, necantia. Pestifera autem sunt lata, cara, quodum concreto humore albo, livido, aut nigro sordentia. * * * At si in pectus per arteriam id malum invadit, illo eodem die strangulatur. Pueri usque ad pubertatem maxime hoc morbo tentantur."—(*Medico*

Chir. Review, new series, vol. 5, p. 427.) One cannot fail to recognize in this quotation a good description of the pathological peculiarities of diphtheria, and of the manner in which it frequently proves fatal. At a date nearer our own times, writers on this disease become more frequent; we will simply mention the names of Morton, Cullen, Cotton, and Huxham; these, however, confounded it with measles, or scarlet fever. Fothergill, in 1748, "was the first to describe as a *new and separate disorder*, that perilous form of the complaint which Cullen designates *cynanche maligna*, and it was long called the Fothergill sore throat."—(Watson.) About the same epoch other writers described this disease as a *primitive* affection. Among them Starr and Ghisi were the most prominent. But this step toward progress was soon lost, for we learn from the same author just quoted, "that the identity of this affection with genuine scarlet fever has been slowly established by subsequent observers!" But our countryman, Dr. Samuel Bard, who published his observations in 1771, did more than any preceding author in delineating this malady. He was the first to recognize the nature of the local lesions, and so full and just are his opinions, that subsequent authors have added but little to his description. He pointed out the connection between the angina and croup, and the manner in which the air passages were invaded by the false membrane. He gives observations of the angina alone, of croup alone, and of these diseases complicating each other, considering these, however, as identical. He gives the differential characteristics between this disease and pultaceous pharyngitis, showing that the appearance of the throat was not the result of gangrene, and regarding the false membranous patches as the result of a concretion. Bard was soon forgotten, and everything touching this disease continued vague and confused, until the distinguished Bretonneau published his researches. His delineation was so clear and minute that the disease became easily recognizable, and epidemics were observed almost simultaneously in different parts of the world. If we possessed no evidence of the antiquity of the disease, its history since Bretonneau's time would indicate that it has existed in all ages: for it would seem absurd to believe a disease of recent origin, should, so soon after his description, appear in different countries where climate, condition of the inhabitants, etc., were so diverse.

In the *London Lancet*, (article Diphtheria, April 1859, page 203,) it is stated, "one practical fact is indeed well established, that it is a disease until lately unknown to the practitioners of this country (England), and not formerly described by any of our older writers. The affections so well known and so vivid-

ly described by Fothergill, Huxham and other physicians were undoubtedly the scarlatinal angina and the angina gangrenosa, or malignant cynanche, but diphtheria is separated from them by a line of demarcation, at least as strongly distinctive as that which divides diarrhea, dysentery and cholera." This is the tone of all the present English writers. Is the disease mentioned by any of their older authors? Dr. Starr, described an epidemic of angina maligna which raged in Cornwall in the year 1748 under the name of *Morbus Strangulatorius*. Dr. Fothergill, whose treatise on the malignant sore throat appeared in 1748 says, "that great difficulty of breathing" took place in all previously to the fatal termination. In Huxham's account of the epidemic of 1752—3 the same termination is distinctly noticed. In speaking of the expectoration of what he termed the *sloughs*, he says that a piece of the *internal membrane of the wind pipe* was discharged, meaning (the false membrane of course.) Dr. Withering says that "the affection of the fauces in some cases spread itself down the wind pipe of the lungs, as was evident from the cough, the strait breathing and other peripneumonic symptoms." In Dr. Cullen's account of the cynanche maligna, it is stated that from dissections it appears that in C. malig. the larynx and trachea are often affected in the same manner as in the C. trachealis, and it is probable that in consequence of the affection, the C. maligna often proves fatal by such a sudden suffocation as happens in perfect cynanche trachealis." (*Lancet*, American Edition, note, p. 126.) As the symptoms described by the above authors are common in fatal terminations of diphtheria, and very uncommon in scarlatinal angina and angina gangrenosa, we need not stop to show they were acquainted with this disease, though not favorably described by them. In our own country since Bara's time, the disease has been noticed and described under the names of putrid sore throat, the sore throat epidemic, malignant sore throat, scarlatina anginosa sore throat.

The confusion arising from the fact that fatal cases have been given as types of the disease.—From the history of epidemics as observed in France, England and elsewhere, the present would be considered as of a mild character. We attribute much of its mildness to early treatment. During the epidemic, parents would daily examine the throats of their children, and on the slightest indisposition we were summoned, so that with some exceptions we met with the disease in its forming stage. This variation in severity is observed in all epidemic diseases, and we fear that accounts of epidemics of diphtheria, as have prevailed in Europe, have been of the most malignant form. Bretonneau recognized a mild form, to which he gave the

name of "*angine couenneuse commune*," and endeavors to show that it is a bastard affection, but from the description he gives of it, we are unable to distinguish it from true diphtheria. He bases the difference in these forms upon the progress and result of the disease, if it progresses without any complication and terminates favorably, it is the "*couenneuse commune*," but if its march is rapid sequela, or death ensue, then it constitutes his *diphtherite*. We do not admit however, of this distinction, it is giving to *diphtheria* a constancy in its type which is at variance with those laws which govern epidemics generally. This class of diseases are limited to no climate, and the phenomena they present may vary with the localities in which they appear; consequently no observer, however attentive he may be, can acquire a full and accurate knowledge of them from personal observation alone. The disease as Bretonneau observed it, was no doubt generally of a severe type, as in the whole of them who were examined, post-mortem, the false membrane which constitutes croup was found; from this, and from the fact that he considers this mild form a spurious affection we can justly draw the inference that he considered croup as almost an essential symptom, whereas it is but the most constant fatal termination. We are slow to suspect the accuracy of so distinguished an observer, but our motive is honest when we say, that from the constancy in which we meet with croupal symptoms in his reported cases, he may have overlooked that which would militate against his theory of the identity of croup and diphtheria. From this error arises the common belief that diphtheria is in the majority of cases almost necessarily a fatal disease; those cases mild in form, free from complications, and of favorable termination being overlooked, or regarded as some other form of angina. It is then, from accounts of several cases, and reports of epidemics of virulent fatality, that diphtheria has received the name of a terrible and formidable disease, and so universal is this opinion that reports of mild epidemics are received with suspicion as regards their honesty and accuracy.

There is another class of observers, who having never witnessed the severer forms, adopt an opposite extreme, and look upon diphtheria as only a variety of ordinary sore throat, deriving its fatality from such local circumstances as would intensify any prevailing disease. It has been also called a *malignant* disease, but except where it occurs as an *intercurrent*, or when it terminates in gangrene, we cannot see the justness of this appellation; in the former its malignancy has some connection with the reigning epidemic, in the latter it depends upon the individual constitution or the intensity of the local affection.

The importance of the false membrane as a symptom.—Whatever may be the diversity of opinion as regards the nature of diphtheria, by far the greater majority of writers agree that the membraniform exudation is an essential constituent of the disease. Bretonneau remarks that "this redness of the mucous membrane, without thickening of its tissue, so superficial, and yet accompanied by a concrete exudation so abundant, appears to him so remarkable as to deserve the name and character of a specific inflammation, *sui generis*." He therefore, designates this phlegmasia by the term *diphtherite*, from the Greek, *pellis*, exuvium vestis coieacea. Whatever other appellations it may have subsequently received, they all refer to the throat symptoms, the presence of which marking the active stage of the disease, and their disappearance on approaching convalescence. But still a greater importance than being a constant symptom is given to the throat affection, "*it constitutes the principal malady*, and the gravity of the affection depends but upon the extension of the false membrane into the air passages." (*Guersant Dict. de Medicins.*) Trousseau, Barthez, Rillet and Valleix, have expressed the same idea in almost the same language. These authors have cited cases where death has taken place without croupal symptoms, but in these "there existed a cutaneous diphtheritis more or less extended, which seemed to announce a general infection sufficient to explain the gravity of the affection."—(*Valleix.*) The fact that diphtheritic inflammation of the skin can exist alone, has led some authors to make this a distinct variety, and when it co-exists with the throat affection, it constitutes a serious complication. The severity of the disease has been determined by the extent of the false membrane, and the rapidity of its reproduction.

Not only has the false membrane received this exalted importance in diagnosis and prognosis, but it is the principal, and with some the only symptom necessary to combat. Thus being more apparent and more constant than other symptoms not less important, it has received a more prominent place in descriptions.

Does the appearance of false membrane determine the duration of the prodromic stage, or is it at all essential to the full activity of the disease?—If any morbid condition, prior to the production of the false membrane is to be considered simply as precursory evidences, we, perhaps, in describing the present epidemic, should have mentioned under the head of prodromata, a prostration of the vital powers, a more or less intense anæmia. When these did precede the exudation, the cases were of a severe form, and according to other observers, they are in themselves sufficient to hasten a fatal termination.

The symptoms that we have given as prodromata, would more properly constitute the first stage of the developed disease. The system is already under the active influence of the diphtheritic poison, and they do not necessarily indicate that a false membranous exudation is to follow. It is erroneous to consider the exudation always an essential element, marking the different stages of the disease; it is but an epiphenomenon, a local manifestation of a local poison affecting the whole system—irregular in its appearance as to the stage of the disease, it may be the first evidence, *or it may not exist at all*. The first stage may be of such severity as to confine the patient to bed, and demand active interference on the part of the practitioner, and yet recovery may take place without the appearance of the exudation. We need go no farther than our own observation to prove this.

Case.—A stout healthy boy, 14 years of age, was, at the time when three in the same house were suffering from well-marked diphtheria, seized with the usual premonitory symptoms—chill head-ache, vomiting, coated tongue, redness of the fauces—which were soon followed by a general feebleness, pale countenance, weak, though not rapid pulse, and a feeling of malaise to such a degree that he sought his bed or lounge for comfort. This state continued for about a week, when he gradually returned to his former health. Careful and repeated examinations of throat and skin revealed no false membrane. We could give several similar instances, and the phenomena being identical with those present in cases where the false membrane existed, we were compelled to ascribe them to the same cause, the diphtheritic poison. (These cases were *not* included in the 133 reported.) In these cases general and local treatment was adopted; this may have had much to do in preventing the formation of the false membrane, if so, it shows the necessity of giving full importance to the first manifestations of the disease. In sporadic cases the presence of the membrane is necessary to a positive diagnosis, but during the prevalence of an epidemic, uniformity in the other various phenomena is sufficient to guide the practitioner.

In an excellent and valuable report on diphtheria in the March, April and May numbers of the *London Lancet*, we find that in different epidemics “death occurred in many cases in the first stage through sudden and extreme adynamia, *before the exudation had fully formed*.” This is not an unfrequent occurrence in the experience of others, as is seen from reported cases in our journals. This statement would lead the reader to suppose that if death took place so early, there was *not time*

for the exudation to form, but it shows that it played no part in the fatality of the disease.

The severity of the local phenomena bears no relation to the severity of the general affection, nor to the character of the convalescence.

There are cases in which the "local manifestation" is from the first overshadowed in importance by the constitutional symptoms, and *vice versa*. This was particularly true in the present epidemic. In some cases where the local manifestation was far from being intense, yielding readily to treatment, the constitutional symptoms were severe, and convalescence long and embarrassing. In two of the fatal cases the local symptom was early and easily checked, and was so mild during its continuance as to give but little annoyance either to patient or physician. These cases proved fatal by a general sinking of the powers of life. In other cases this state of affairs was reversed, severe local symptoms with no corresponding constitutional disturbance, and rapid convalescence.

However mild or severe, then, may be the local affection, "the constitutional symptoms form a very large and important part of the morbid manifestations to combat. Moreover, these constitutional phenomena have this peculiarity, that not only do they manifest their presence at the outset of the disease—often, indeed, with such severity as to destroy life before the local or special epiphenomena have had time to develop themselves—but they also tend to show themselves at a very advanced period when the local disorder has passed away, and when, in many respects the patient might otherwise be considered to have recovered from his malady, and to have reached that period when serious results were no longer to be dreaded."—(*London Lancet*, Sept., 1859 p. 214.)

Diseases analagous to diphtheria.—All those diseases which present prominent throat symptoms, with a pseudo-membranous exudation, have not only been considered similar, but identical. But to prove the identity of disease it is necessary there should be more than one mark of resemblance or familiarity, there must be some other analogy in their general appearance and effects. The general name of a disease seldom gives us a true appreciation of its nature. A disease may differ from itself, so to speak, and when it takes its name from a prominent symptom, yet common to other diseases, divisions and distinctions are made which soon leads to a confusion of diseases between which there is not the least analogy. The diseases with which diphtheria is considered by some to be identical, are, croup, pultaceous pharyngitis, and angina gangrenosa; in considering these we will include all we wish to say on the

subject of diagnosis. The ordinary forms of tonsillitis and pharyngitis present local and general symptoms so diverse from the disease under consideration, that they demand no notice from us, and laryngismus stridulus, trachitis, and laryngitis, can only be confounded with croup, which we consider essentially distinct from diphtheria.

Croup.—Since Bretonneau's work on diphtherite, the identity of angina membranacea with croup, has been considered a well established pathological fact. Authors have received his conclusions as indisputable, and they, substituting his observations for their own, freely borrow from his pages the details for their descriptions. Croup is rarely described as an isolated affection, it being considered a phase or period of pharyngeal diphtheritis, the single fact of the presence of the false membrane in both, establishing their identity.

"M. Bretonneau has demonstrated that epidemic angina maligna is a true pellicular inflammation like that of croup. He has also proved that these two morbid alterations are identical in their pathological anatomy, differing but in the seat they occupy."—(*Geursent Dict. de Medicine*, t. 9, p. 336.) "Is it necessary to say that the skilful physician of Tours, has proved in the most positive manner the identity of the different pseudo-membranous inflammations of the mucous and cutaneous surfaces, designated by the names of angina gangrenosa, croup, etc."—(Barthez and Rillet.) This very identity, contended for by Bretonneau, was fully and distinctly stated before him by Dr. Bard in 1771, and by Dr. Jas. Johnstone, 1779. The latter says, "There is but one other species of angina from which this disease (ang. maligna) requires any distinction, and that is croup. A small degree of attention to the several divisions of that distemper, which have been made by the best writers, will show that *in respect to many of the cases there can be no distinction, for in reality there is no difference.*"—(Laennec on the chest, p. 126, note by Trans.)

Thus we see that not only French, but American and English authors have endeavored to identify diseases which are opposite; each of these observers, however, arrived at their conclusions from observations made during epidemics of angina maligna.

Bretonneau, whose researches into the phenomena of ang. malig. have been more minute than those of any other pathologist, proves this identity from the result of fifty-four post-mortem examinations. In these he twice found the false membrane confined solely to the air passages, while in all the other instances, the disease invariably commenced in the pharynx, and presented symptoms of ang. gangrenosa. "If we consider,"

says a reviewer, "that in the whole of those who were examined, *post mortem*, the false membrane which constitutes croup was found in the larynx, and if we consider that the same fact under the same forms and attended by the same circumstances, were constantly observed by Dr. Guersant, and also by Dr. Velpeau, we shall be strongly urged to grant that angina maligna and croup, are the same disease affecting different portions of the same mucous membrane." This is only a statement of the invariable presence of a disease, the nature of which is in question, and the conclusion arrived at is only a proof that the croupy affection is the common fatal termination of the anginose affection, and it is from fatal cases alone that Bretonneau endeavors to establish this identity. He rejects this method of reasoning when he wishes to prove the specific character of diphtheria. Thus, when croup complicates a febrile affection, as measles, scarlet fever, etc., it is no longer *croup*, this being an expression of that morbid state to which he has given the name of diphtherite, and having a specific character; whereas secondary pseudo-membranous laryngitis is only specific in so far as it borrows this character from the disease it complicates. From the manner in which he proves the identity of ang. maligna and croup, we cannot see how he can make this distinction, for both present the same resemblances in the nature of the false membranous deposit and in the coincidence of its appearance upon the mucous membrane of the pharynx and larynx. This difficulty, perhaps, presented itself to his mind, when he says, "that the false membrane alone is not sufficient to characterize croup." Had he recognized this fact when endeavoring to prove the identity of diseases so opposite, he would have searched for other analogies than this one gross resemblance. Although he acknowledges the existence of croup commencing in the larynx or trachea, he insinuates that these causes may not be true diphtheritic inflammation. "He asks as if he feared he were pushing his opinion of the identity of these diseases too far, whether it does not happen that concretions other than those of a diphtheritic nature, are not developed in the larynx."—(*Valleix*.)

Other authors, with him, assert that the membranous angina is almost essential to croup, the angina constituting the first period. "If croup, instead of commencing in the pharynx, commences in the larynx, which is rare, or in the trachea, which is still less frequent, the first period of the disease is wanting."—(*Guersant*.) But how explain the fact that epidemics of croup do occur where the presence of the membranous pharyngitis is the exception and not the rule? On the other hand, how explain the fact that epidemics of diphtheria occur

and none of the cases present croupal symptoms? Why is it only in the epidemic form that croup begins with the pharyngeal affection, whilst in sporadic cases it debuts by the larynx? What is there in the diphtheritic poison, that it should change its seat of manifestation in different epidemics? That it should at one time produce an epidemic of the 'first period,' and at another, of the 'second period' of the disease?

There are other more positive differences between these diseases.

They differ in their nature.—Croup is an acute inflammation of the larynx or trachea, or both, characterized by an exudation of false membrane. It is *purely* an inflammatory disease of a highly acute character—the symptomatic fever severe, pulse accelerated, skin hot, etc.—and as such it is described by those who do not deny its identity with ang. malig.

Angina maligna is essentially an asthenic disease, the fever of a typhoid character. "It is accompanied from the first by a depression which seems to be in many respects peculiar, and to approach nearer to the pure asthenia than anything witnessed in other cases of acute disease. "The constitutional symptoms present nothing in common with those of croup. This fact did not escape the notice of those who contend for the identity of these diseases, and the summary and easy manner in which they explain away this *capital* difference between them is anything but satisfactory." Croup, *even when most partial*, is almost always accompanied by great constitutional disturbance, symptomatic fever acute and very severe, etc. In some cases, particularly such as occur in hospital, the state of the system is very different, there being evident marks of a septic change in the fluids of the body; the pulse is but little accelerated, the skin harsh and dry, the debility extreme, and the breath fetid even where no gangrenous specks exist." This variety is denominated *asthenic* by Guersent and Bretonneau.—(Laennec, disease of the chest, p. 128.) There can be no doubt that ang. malig. is referred to in the above, as he, in the following sentence, speaks of the character of the false membrane, "especially that lining the throat." "When croup is connected with inflammation of the tonsils, soft palate and fauces, and the deposit of false membrane upon them, the disease is of an *asthenic* character."—(West, dis. of children, p. 224.)

If there is no essential difference between these diseases, if they are of the same nature, and depend upon the same cause, we cannot comprehend why croup should be *sthenic*, when the false membrane begins in, or is confined to the larynx and trachea, and *asthenic* when it is first formed in the pharynx. It seems absurd to attribute to this slight variation of one to

two inches in the seat of the local manifestation, and this upon the same continuous membrane, a power of producing opposite conditions of the system.

Again, it is said by Bretonneau, Guersent and others, that *asthenic croup* is contagious, but that this is true in regard to croup in general, is a question still undetermined. This admission is unfortunate to their theory of the identity of the two diseases. We could have produced instances, when giving the history of the present epidemic, proving that diphtheritic pharyngitis is contagious, but we did not think our evidence could strengthen a fact already well established. We cannot but exclaim with Dr. Cheyne, "Asthenic Croup." Croup with an unaccelerated pulse, fetid breath, and propagated by contagion!

The difference in their symptoms. Besides the difference in constitutional symptoms already spoken of, there are differences in one or two local symptoms, which we will but briefly hint at.

Swelling of the Lymphatic Glands of the Neck.—Bretonneau makes the absence of this symptom a distinguishing characteristic between *genuine croup* and *laryngismus stridulus*. It is indeed a constant attendant upon *ang. malign.*, but that it is absent in tracheal croup, we need but give the following quotation. "The swelling of the cervical lymphatic glands, so common in diphtheritic pharyngitis, is wanting when croup commences in the larynx. In the epidemic observed by Vauthier, it was noticed but once in 37 cases. At Geneva it is rarely ever observed, and this has been the experience of one of us in the sporadic cases seen in Paris."—*Barthez and Rillet*.

The circumstances attending the development of cutaneous diphtheritis are in themselves sufficient to differentiate diphtheria from all other disease.—It is in those cases where the pharyngitis exists with all its diphtheritic characters that the exudation is most liable to appear on the skin. Any cause that deprives this surface of its epidermis becomes the occasion of the development of the false membrane. In *genuine croup* this is never observed. Do blistered surfaces and leech bites, in cases of croup, put on this morbid action? Experience in these remedies answers this question in the negative. These remedial measures are recommended in croup by those who claim the identity of these diseases, but they are strongly denounced by the same authors in diphtheritic pharyngitis, as they produce a "dangerous complication"—a cutaneous diphtheritis.

They differ in their treatment.—The treatment in the one is decidedly antiphlogistic, in the other it is essentially tonic and stimulant.

"I have never met with an exception to the rule which prescribes the free abstraction of blood in every case of severe idiopathic croup, and you must bleed largely and give tartar emetic freely, for these are the two measures on which your main reliance must be placed. Much good can be done by blisters, &c."—*West, page 224.* Yet this author cannot see that there is any ground for supposing there to be an essential difference between croup and the affection described under the name of diphtheritis by Bretonneau. He adds, when croup begins with a false membranous deposit in the fauces, the disease is of an asthenic character, *and a corresponding modification must be made in the treatment.*" What these modifications are we need not repeat here, suffice it to say that this very 'modification' proves the diseases different in their natures.

The difference in the results of the operation of tracheotomy in these diseases is another distinguishing mark. We copy the following from notes taken by ourselves, a few years ago, in the wards of the "Hôpital des Enfants Malades," Paris; "The presence of false membrane in the throat, nares, or on the skin, strongly counter-indicates the operation of tracheotomy." If the false membrane in the trachea is the only cause of death, why would not its extraction be followed by the same result in either case? We believe, without having any positive proof for the assertion, that in croup there is not that tendency to rapid reproduction of the false membrane as is seen in diphtheritic pharyngitis. We know that if the false membrane of croup is thrown off, the tendency is to recovery; but in the pharyngitis, notwithstanding frequent caustic applications, the membrane rapidly re-forms, and this continuing in cases for many successive days.

They differ in their convalescence. In croup, when the mechanical obstruction is removed, and the case terminates favorably, the return to health is rapid; while the convalescence of the other disease is slow and uncertain. Long after the disappearance of the false membrane there may be developed morbid manifestations, in themselves sufficient to cause death.

Scarlatina.—The confusion between diphtheria and scarlatina is still so common, that we consider it worthy a moment's consideration. From a rude resemblance in the throat symptoms, from the not unfrequent coincidence of scarlatina with diphtheria, and from the fact that it is occasionally complicated with a pseudo membranous laryngitis, arises the error that they are closely allied. However, there are some cases of scarlatinal angina which so closely put on the aspect of diphtheria, that it is impossible to distinguish them. Guersent and others have met with such exceptional cases.

Pultaceous pharyngitis, like croup in diphtheria is a secondary affection, the characteristics of the principal disease distinguishing the local affection. The violent general symptoms, the eruption, heat of the skin, a remarkable acceleration of the pulse and the desquamation will guide the practitioner. But the differences in the local phenomena are very decided. According to Bretonneau "scarlatina anginosa is as different from diphtheria as scarlatina itself is from small pox. In the pharyngitis of scarlatina the tonsils are rather coated (*enduites*) by the exudation than covered (*recouvertes*) by membraniform filaments. The exudation in the pharyngitis of scarlatina is preceded by a *deep red color* of the whole of the pharyngeal mucous membrane; in diphtheria the color of this membrane is simply inflammatory. The exudation in the former is white, opaque, and caseous, and is easily indented. The diphtheritic false membrane is grayish and so tenaceous, that it will not easily receive the impression from a hard body. Instead of commencing upon the tonsils and spreading from these to other parts, as in diphtheritic pharyngitis, the pharyngitis of scarlatina invades simultaneously the whole cavity of the fauces and nares. Lastly, the most important fact is, that pultaceous pharyngitis has not like true diphtheritic, a tendency to invade the respiratory passages, but on the contrary its extension is towards the *asophagus*.

The development of the false membrane upon the skin distinguishes the diphtheritic from scarlatinal pharyngitis. "Huxham and Fothergill have not spoken on this symptom, although they have described scarlatina anginosa with great care. M. Trousseau himself, does not mention it in his description of the latter disease, yet he has cited a great number of cases observed in epidemics of diphtheria."—(Valleix.)

The present epidemic furnishes two facts worthy of notice: First, in none of the 133 cases was the scarlatinal eruption observed, although searched for: Second, 34 of these cases had had scarlet fever.

Gangrene.—"In comparing" says M. Bretonneau, "the morbid appearances found on dissection in fifty-five subjects of all ages, who in the course of two years fell victims to the epidemic angina, in no case, even of the most malignant nature, was there anything like gangrene of the parts. Ecchymoses of small extent, and an occasional slight erosion of those surfaces where the disease had longest continued, were the gravest alterations of structure which were seen."

Although the fact that the mucous surface sub-jacent to the false membrane, preserving its integrity, is a very strong and important distinguishing characteristic of diphtheritis, yet there

are exceptional cases where the diphtheritic inflammation terminates in ulceration and gangrene, the latter condition extremely rare. We have given instances of both of these terminations. We know that the color of the false membrane and its odor in some cases of diphtheritis, with a tumefaction of the surrounding mucous membrane, may so closely resemble a circumscribed gangrene that no less an acute observer than M. Bretonneau was deceived in one or two cases, but in the instance we have given there was no possibility of error, as will be seen by referring to the case.

Of the existence of gangrene of the pharynx as a primitive affection, there is no dispute, but that it ever appears in an epidemic form there is much doubt. It almost always occurs during the course of some other disease, as measles, scarlet fever, small pox, &c.

In those cases of diphtheria which *simulate* gangrene, the manner of invasion, and the march of the disease, and on removal of the false membrane, the condition of the subjacent mucous surface, will clear the diagnosis.

We had intended to examine the different theories as to the origin of diphtheria, and to give a history of the disease as it has appeared in the states, as far as we were able, but we must defer these for a future occasion. We will conclude with the following quotation, as we could not express our conclusions in clearer language.

"I. Diphtheria is a *specific* disease. This is seen in its origin, march, and mode of extension; in the character of its exudation, in its local manifestation; in its seat of predilection; in its *toxic* influence; in its prodromata; its manner of termination and its sequences.

II. It is often confounded with scarlatinal angina, and with gangrenous cynanche," and with croup, we have endeavored to indicate the diagnosis.

"III. It is propagated by infection and by contagion.

IV. The treatment should include the local application of a solution of nitrate of silver, hydrochloric acid, or the tincture of sesquichloride of iron. The internal remedies most useful are, the tincture sesquichloride of iron, hydrochloric acid, and chlorate of potash.

Nourishing diet and stimulants.

V. The means of prevention, besides careful hygienic measures—as ventilation, etc.—must also include the daily examination of the throat where the epidemic type presides, a matter of the greatest importance, as experience has fully shown, and the early isolation of the patient as soon as attacked—a precaution hardly less necessary."—*London Lancet*, May, 1859.

SURGICAL NOTES.

By E. ANDREWS, M. D.,Professor of Surgery in the Medical Department of Lind University.

Fracture of the Patella.—Mr.——, aged 23 years, fell and struck his knee upon a stone, fracturing the right patella transversely, and of course losing instantly the power of extending the leg. On examination I found the two fragments widely separated, but the patient was absolutely free from all pain and tenderness in the injured part. I drew the fragment together with a figure of eight bandage, and subsequently devised a pair of concave yokes for retaining fractured surfaces in contact. No inflammation whatever followed, and reparative action was very slow. After many weeks there was a feeble ligamentous union, and the patient began to walk about.

One day in making a little stronger muscular effort than usual, he ruptured the ligament, and was immediately reduced again to his former condition. This time I found him suffering considerable pain. On examining the patella I found that there was a marked thickening of the areolar tissue about it, through which hypertrophied tissues the fragments seemed to get more abundant supplies of blood and nervous influence than in the natural state. A considerable inflammation followed, and in a much shorter period than before there was a firm ligamentous union. The treatment was the starch bandage, which served its purpose admirably, and at the same time allowed the patient to get about and do some business.

The study of this case suggests some thoughts respecting the causes which prevent union so universally in transverse fractures of the patella. It is believed by many that these causes are, first, the presence of synovia between the fractured surfaces, and secondly, the separation of the fragments.

Now the synovial fluid does not prevent the union of oblique fractures of long bones when they open into joints, though it is abundantly present; nor is there any difficulty, usually, in keeping the fragments of a patella in contact, if the leg is kept extended. Some other reason, therefore, exists for the want of reparative power. If we examine the anatomical relations

of the patella, we shall perceive what this reason is. The deep surface of the bone is entirely occupied by a synovial lining, and therefore receives no blood vessels except such as creep under the membrane at the edges. The external surface is in like manner covered by the great bursa, which equally separates it on that side from direct vascular supplies. The two lateral borders are connected with the capsular ligament of the knee-joint, which is fully furnished with vessels. The lower border gives origin to the dense *ligamentum patellæ*, a tendinous structure very poor in vascular supplies. The upper border alone receives a full amount of nutrition, in consequence of its attachment to the *quadriceps femoris* muscle. From this attachment, especially where the two *vasti* muscles are inserted, the patella obtains nearly the whole of its nutrition. It follows, therefore, that in a transverse fracture, the lower fragment will be almost cut off from its nutrient vessels, and is in fact very much in the same condition as the head of the femur in the intracapsular fracture of the neck of that bone. It has therefore no power to throw out plastic material, and fails to effect a bony union, however faithful may be the surgeon.

This view suggests almost irresistably the propriety of resorting to some operative procedure in these cases, by which a temporary inflammation and vascularity may be induced in the tissues around the lower fragment, which will supply it with blood during the time of treatment. I think that in this way many fractured patellas might be brought to form a bony union which now fail of it. The irritation might be produced sub-cutaneously by the careful introduction of a small stilet, or other instrument.

The obvious danger of exciting an inflammation in the knee joint is the great obstacle to such an operation, and I know of no experiments as yet which would show how this danger may be avoided, but as the joint itself need not be penetrated, perhaps this operation will ultimately be found feasible.

CASES AND REFLECTIONS ON THE USE OF THE GUM ELASTIC AIR BAG.

By W. H. BYFORD, A. M., M. D.,Professor of Obstetrics, etc., in the Medical Department of Lind University.

I was called to see a patient in consultation with Dr. P., who was suffering with symptoms of impacted pelvis; caused by retroversion of the uterus, viz: retention of urine and fœces, tenesmus of very distressing character. vomiting, irritative fever, great restlessness, etc. Her symptoms had been gradually increasing for three weeks, until they had become intolerable to her, and alarming to her friends and medical attendant. Two unsuccessful attempts had been made to replace the uterus. I found the pelvis literally crammed with that organ, pregnant nearly four months. There was hardly room to pass the finger up behind the symphysis pubis, and a little to one side. She complained of excruciating pain upon every touch, and declared she could not bear any manipulation for the rectification of the displaced organ.

We could not induce her to take a favorable position on the bed, and I operated while she was sitting on the lap of a female friend. I insinuated my fingers along the perineum, coccyx and hollow of the sacrum; gently, but firmly pushing the tumid uterus upwards and backward along the curve of the sacrum far as I could reach. Holding it in this position, I introduced my colpeuryuter, empty, as far up along the sacrum as I could make it go, and held it there until Dr. P. inflated it. Air was driven into it until it was the size of a large hen egg. I then pressed it thus inflated up high as I could reach, and again had more air thrown into it, until it had increased to nearly double the size after first inflation. Pressing it still upward and backward firmly against the upper part of the sacrum, the fundus suddenly slipped above the promontory, and placed itself into the natural position. I could then pass my fingers freely across the pelvis in any direction, and feel the os uteri occupying its centre.

The whole operation did not last longer than ten minutes, apparently was not attended by any increase of suffering, and

was not succeeded by any bad symptoms. The patient expressed the relief she felt in the strongest terms immediately after the operation, and passed a large quantity of urine. She carried her child to full term, and did very well in every respect.

I prefer the elastic bag, as an extension to my fingers, to any solid instrument, because its soft airy elasticity defends the uterus from contusion, and in this case it proved very effective. I think this manner of using it very much better than passing it into the rectum—as recommended by some authors—and then inflating it. The painful distension of the rectum by the expansion of the instrument, I should think would be horrible, if carried to such an extent as to lift the uterus above the pelvic brim, and I think the bag would operate to less advantage than if properly managed in the vagina. In using the elastic bag, it should be moved high as possible along the hollow of the sacrum, with the fingers first, and then the bag, *empty*, placed well against the sacrum and up against the fundus uteri, and carried up, pushing the uterus before it while it is being inflated. It should not be inflated larger than merely to afford an extension for the fingers, and not so as to anywhere nearly fill the pelvis. We should then move it upward and backward, inflating and raising at the same time, until the fundus uteri rises above the promontory of the sacrum. The air should then be allowed to escape, and our instrument withdrawn. Too great an inflation will fill up the pelvis too much, and the impinging points of this medium of power will be too numerous and diffuse to be efficient, as our force should be as near the anterior surface of the sacrum as possible. When not bound down by adhesions, or it has not already acquired too great a size to raise through the superior straight, this mode of operating need not fail to replace a retroverted uterus.

A good and sufficient substitute when the elastic bag could not be procured, is a strong beef's or hog's bladder. By tying a small reed, a foot or eighteen inches long, into the urethral canal we could inflate this natural bag sufficiently for use while in the vagina.

The gum elastic bag is being used for many purposes about the pelvis. It makes the best tampon for hemorrhage in cases of abortions in early pregnancy, and placenta previa in the later stages of this condition. While checking the hemorrhage in these cases it excites the uterus to contraction. In consequence of this last effect it is better not to use it where there is any hope of saving the foetus from expulsion. It acts admirably as a pessary in prolapsus uteri, where this affection is so bad as to be unmanageable by any other sort of mechanical contrivance. An instance of this kind occurred not long since in the practice of a friend of mine—a man of forty years experience in the profession—in which the uterus, as I witnessed myself, was expelled beyond the vulva, making a tumor four inches long, the os being the most dependent part.

Every kind of pessary and other device which could be thought of by any friend and others with whom he consulted, failed to retain the organ in the pelvis more than a few moments at a time, soon as she raised herself up and walked about, the instrument and uterus came tumbling out together. After returning the uterus, the colpeuryuter was introduced high up, and inflated till it produced slight uneasiness from distension. This retained the uterus in place for several hours, but so lax were the external soft parts that it also escaped. She now wears it with great comfort to herself by using a T bandage over the vulva. This bandage could not be made to retain any other kind of pessary in place, which plainly showed the advantage of this.

I see since the above was written some interesting observations in the last number of Braithewaite's retrospect, in respect to the use of the air-bag. From it, and observations of others, we are justified in using the bag as a plug in hemorrhage from the nose, anus, etc.

MUTILATION OF A CHILD BY A HOMŒOPATHIC PHYSICIAN

BY HIRAM NANCE, M. D., Lafayette, Ills.

Observing an article in the "Chicago Medical Journal," for January, bearing the above caption, inserting midwife in-

stead of homœopathic physician, has led me to report the following case which came to my knowledge in the year 1855.

On the night of the 5th of May, being at Church, I was called out by an intelligent gentleman, a near neighbor of the patient, and requested to hurry on as fast as possible, with a positive injunction not to forget my obstetrical instruments, as he had been informed by the father of the patient that their use would be necessary. I inquired why such orders should be sent by a man making no pretensions to medical knowledge, and the messenger replied that they already had a physician, (a homœopath) but wanted me to hasten on and assist him out of a difficulty, from which he found it impossible to extricate himself, or save the life of patient or child.

Accordingly, with my instruments, I started for the house of the patient, telling the messenger at the same time that consultations and professional etiquette with homœopathic physicians were not tolerated in our school, but in a moderate degree; and not at all by myself individually. Telling him in plain and unequivocal terms, that when I arrived, should difficulties and perplexities present themselves in the case, that either I would take the case entirely into my own hands, or leave the house and let the Homœopath fight the affair out as best he could. When I arrived at the gate, a lady of my acquaintance met me, and said, "hurry, Doctor, I believe Mrs. D. will die!" I replied, Mrs. R., hav'n't you a physician? She said "yes, but he is good for nothing."

I went in, found Mrs. D. sitting up in bed, seemed awfully alarmed, face red, and turgid with blood. Rejoiced to see me, said "Oh! Doctor do help me, do! do!" I said Mrs. D., you have a physician, can't he give you the necessary assistance? She said, "No, I want you Dr. Nance."

This was the lady's first confinement, and her father had brought her home under the parental roof to remain until due time after her parturition. As the case had become alarming, her father, an old man of 65, had been admitted into the lying-in chamber to see his daughter, to sympathize, and if necessary, render any assistance manually to promote labor. I say the the old man sat by; and over in a corner, on a small couch,

lay our *Homœopath*. I asked Mrs. D. and her husband if they desired me to take charge of the case; they replied in the affirmative; but the old man said he wanted "both Doctors, as the case required instrumental aid." I told him that I was not of the same school as Dr. L., and positively refused association in the practice of medicine in any of its branches with irregular bred physicians. The old man spoke up again, and said instruments must be used. I made no reply, but Mrs. D. and wife said, "We want you." This was enough. I immediately made an examination, found the head presenting in its first presentation, os uteri fully two-thirds dilated, and the head about engaging in the inferior straight; parts rigid, pains frequent, hard, but ineffectual. Observed some peculiarity about the scalp of the child which I could not account for. Inquired of the *Homœopath* (as he still reposed upon his couch in a *wakeful sleep* watching me) what could be the difficulty with the scalp; but he would make no reply. I told the ladies present, husband, and patient, that instruments were not required, but that in a short time by prudent management, I hoped she would be safely delivered; but I supposed the child from examination, to be dead.

I ordered a bandage, as the lady was quite plethoric, pulse full and heavy; opened a vein and bled nearly to syncope; this relaxed the system. I then gave a strong decoction of *Secale Cornutum pro re nata*, and in an hour's time my patient was safely delivered. Child breathed feebly for fifteen minutes, but never cried. On examination, found its scalp lacerated to an awful extent; it was torn into fragments, and a strong attempt had been made to break down the cranium and extract the child in fragments, but their obstetrical instruments were not manufactured sufficiently well to perform so grave an operation.

No one present had told me that any instrument had been used in the case; but now the matter was plain before me. I made inquiry what instrument had been used, and was told that the *Homœopath* and the old man had procured a large *strong awl*, such as is used in sewing leather, had bent it and then would hook it into the scalp, and both "*pull*" until the

hold would give way ; then try to break down the skull, but finally gave up in despair. *The child undoubtedly was killed by their manipulations.*

And now the matter was plain to my mind why I was urged to use instruments. Had I done so, those bruises and lacerations on the child's head would have been laid to me. As I did not I came out unscathed, and our "little pill" man was found consulting some of the first legal men in the State, fearing a suit for mal-practice would be commenced against him ; or our Grand Jury would learn the facts in the case.

Suffice it to say, the patient got well, and the Homœopath made for parts westward.

CLINICAL REPORTS.

Male Ward, No. 1. Service of Prof. N. S. DAVIS. Dec., 1859.

Having frequently received letters inquiring for the results of my experience in the use of Hypophosphites and various other remedies in the treatment of Pulmonary Tuberculosis, I have thought it best to give the following brief report of a clinique on several cases of phthisis, which have been repeatedly brought to the notice of the clinical class during the past winter.

Case 1. Mr. B., a German, aged about 25 years, was admitted into the Hospital ten days since. At the time of his admission he had a slight fever, accompanied by soreness in his chest behind the sternum, and a pretty severe cough. He took three or four alterative doses of Hydrarg. Chlorid. Mit. with Pulv. Doveri, followed by a laxative ; which lessened the heat and dryness of the skin, and somewhat relieved the soreness in the chest. But the cough and quickness of the pulse continuing, I prescribed the following mixture, to be taken in doses of a teaspoonful every four hours, viz :

R	Comp. Honey of Squills, Senega. &c.,	℥j.	
	Tinct. Bloodroot,	℥ss.	
	Camph. Tinct. Opium,	℥jss.	
	Tinct. Verat. Viride,	℥j.	Mix.

Under the influence of this, his cough has abated but not ceased ; the soreness behind the sternum has disappeared ; and

he has no longer any manifest febrile symptoms, except an accelerated pulse. But as you stand by his bed-side, gentlemen, you observe that his respiration is shorter and more frequent than natural; his pulse about 90 per minute and quick; his face and limbs show a moderate degree of emaciation; and he has a frequent, short cough, more severe in the morning, and accompanied with a moderate expectoration of whiteish mucus.

At the time this patient was admitted, he was undoubtedly affected with a sub-acute bronchitis. But the symptoms peculiar to that disease having subsided, while there still remains a short cough, quick sharp pulse, with moderate emaciation; the question is at once suggested whether the patient is not affected with incipient tuberculosis. The probability of this is increased by the fact that he has had more or less cough with some shortness of breath on taking muscular exercise, for three months past. But there are no symptoms on which we can rely as certainly diagnostic of tubercular disease in its early stage, except those derived from a physical examination of the chest. And even these are not among those most easy of recognition by the inexperienced. Making the chest bare, and taking one of Comman's stethoscopes, we will carefully auscultate the respiration and the voice. In the infra-clavicular region of the right side we find the inspiratory murmur enfeebled and irregular in its development, while in expiration the murmur is renewed and prolonged. There is also in the same region moderate broncophony or increased vibration of voice. Over the corresponding region of the left side, the respiratory murmur is exaggerated or puerile, but neither irregular nor prolonged. After each of you have taken the stethoscope and examined for yourselves, we will ascertain the result of percussion. If the room is kept perfectly still, while we percuss over corresponding parts of the two sides of the chest, you do not readily detect any alteration from the natural resonance until we reach the infra-clavicular region of the right side, where you readily recognize a moderate diminution of the resonance. Hence, we may sum up the results of the examination as follows: an enfeebled, irregular and prolonged respiratory

murmur, with increased vibration of voice, and increased dullness on percussion over the infra-clavicular region of the right side; and simply an exaggeration of the respiratory murmur over the upper part of the left side. Here, you perceive, are no rhonci, or new sounds, but simple alterations of the natural ones; requiring much care to appreciate them; and yet they are of the most serious import, as has been already explained to you in the lecture room. The irregular and prolonged murmur, the moderate broncophony, and the diminished resonance, clearly demonstrate the existence of greater density than natural in the upper lobe of the right lung; while the simple exaggerated murmur of the left side is undoubtedly produced by the more forcible distension occasioned by diminished capacity of the right lung for air. But what causes the greater density of the upper lobe of the right lung? On the proper solution of this question depends the correctness of our diagnosis. We may have increased density of the lung from several different pathological conditions; from pneumonia and its consequences; from pleuritic effusions; and from tubercular deposits. The first would be preceded and accompanied by the well known phenomena of pneumonic inflammation; which have not been present during any part of the progress of the case before us. The second is always accompanied by increased *fulness* of the side affected, while the dullness is greatest in the most dependent part of the chest, instead of the upper and anterior part, as in this case. It is well-known, however, that the deposit of tubercular matter almost always commences in the upper lobe of the lung, and is accompanied by atrophy of the pulmonary tissue, instead of increased fulness. From these and many other considerations mentioned, but which would occupy too much space in this report, it is very evident that the patient before us has incipient or primary tubercular deposits in the upper lobe of the right lung. The special pathology of tubercle, and the successive changes which it undergoes, have been so fully explained to you, that we will make no comments on that subject this morning. The rational symptoms and physical signs accompanying these changes, are strikingly exhibited in two other patients in this ward.

Case 2. Mr. C., aged 26 years, native of Ireland, was admitted to the Hospital three days since. He has had some cough, with increasing emaciation, for the last eighteen months. You see by the vessel here that his expectoration is considerable, consisting of mucus, with circumscribed masses of distinctly purulent matter. His pulse is 100 per minute and soft; lips pale, cheeks sunken, and whole body considerably emaciated; the pulse is more frequent in the evening, with some heat of skin, and some sweating towards morning. By uncovering the chest you see the infra-clavicular space of the left side decidedly depressed, and the intercostal spaces more or less sunken on both sides. On applying the stethoscope to the left infra-clavicular region, you have no respiratory murmur proper, but a loud, sharp, sub-mucous and crackling rhoncus. The broncophony is strongly marked, and so is the dulness on percussion. Here, you have all the phenomena of tuberculosis in the second or active stage of its advancement, when the tubercular masses are softening, and a slow ulcerative process is being established in the tissue surrounding them; inducing more rapid emaciation, and the slighter grade of hectic fever. To complete the examination of physical signs belonging to phthisis in the different stages of its progress, you may turn to the next bed.

Case 3. Mr. D., a native of Ireland, aged 30 years, has had tubercular disease for the last 3 years. You see him extremely emaciated; his pulse 110 per minute and small; respiration very short; coarse rattling of mucus in the trachea and larger bronchial tubes; voice hollow and husky; with copious purulent expectoration and night sweats. Uncovering the chest, we find the infra-clavicular region on both sides much depressed, and all the intercostal spaces sunken. On applying the stethoscope to the upper lobe of the left lung, you hear a very plain cavernous sound with each respiratory act, close under the end of the stethoscope, and on causing the patient to articulate sounds, he seems to speak almost directly into the end of the instrument, producing what is called pectoriloquy. Thus, gentlemen, you have in the first case examined this morning those simple alterations in the natural sounds produced by res-

piration, voice, and percussion, which indicate tubercular disease in its first and comparatively dormant stage.

In the second case you have all the phenomena of the second stage, or that of active softening of the tubercular masses.

While in the third case, you have the cavernous respiration and pectoriloquy indicating the third stage, in which the softening has been completed, the matter discharged by expectoration, and cavities more or less numerous formed in the structure of the lung. It is not often that you can have presented to you so complete a review of the different stages of pulmonary tuberculosis in a single clinique. As the present clinique hour is exhausted, we will reserve our comments on the treatment proper for these cases until we meet in the ward to-morrow morning.

The next morning the comments on these cases were resumed in substance as follows.

Gentlemen, as we promised yesterday, your attention will be directed during the present hour to the treatment of phthisis, as suggested by the cases at present in the ward. There are but few diseases that have been subjected to a greater variety of treatment, or concerning which the professional mind has diverged into greater or more opposite extremes. It is but a few years since pulmonary phthisis was regarded as originating from inflammation, and it was deemed of the highest importance to keep each patient closely confined in a uniformly warm atmosphere; to avoid all stimulants; to restrict the diet; and to directly combat the disease by local bleeding, counter-irritation, with internal sedatives and anodynes. Subsequent investigations having developed a more correct knowledge of the pathology of tuberculosis, and clinical observations clearly proved the inappropriateness of the former treatment, at least in a large proportion of cases; the practice of the profession took so rapid a turn in the opposite direction, that the treatment advised by many at the present day might be summed up as consisting in free exercise in the open air, free use of alcoholic drinks, (especially bourbon whiskey,) cod liver oil, and the most nutritious diet. Abundant observation has satisfied me, however, that cases of tuberculosis differ much from each other in

their causation or mode of development, their progress, and the co-existing condition of other important organs; and consequently that no special routine of treatment can be marked out as applicable to all cases. In many cases the development and progress of the disease is extremely slow, almost entirely exempt from inflammatory or febrile symptoms, and equally exempt from any derangements of digestion. Such cases will generally bear rich food, stimulating drinks, and abundant exercise in the open air at all seasons of the year. In another class of cases there is a low grade of tubercular inflammation in the mucous membrane of the pharynx, larynx, and bronchia, which not only greatly increases the severity of the cough, but renders the patient so sensitive to atmospheric changes that out of door exercise can be taken only to a very limited degree and with extreme caution. Still another class by no means small, presents a similar inflammatory condition of the mucous membrane of the stomach and intestines, rendering it very difficult for the patients to retain or digest anything but the most bland and unstimulating articles of diet or drink.

A well marked case of this kind now occupies a bed in the ward for females below. It is very obvious, therefore, that we cannot prescribe a fixed routine of treatment for phthisis without doing as much harm to some patients as we do good to others.

The general rules by which I am governed in the treatment of pulmonary tuberculosis, are: 1st—To give the patient as nutritious a diet as the condition of the digestive organs will bear without inconvenience. 2d—As much exercise in the open air as the strength of the patient will permit without injurious fatigue. 3d—To give such medicine as will allay the morbid sensitiveness or excitability of the respiratory organs, and improve the functions of assimilation and nutrition. 4th—To remove with the least possible waste of strength and vital power such local developments of inflammation as frequently supervene during the progress of tuberculosis.

In carrying out the first rule, many attempt to prescribe a certain amount of nutritious food, and then stimulate the digestive organs up to the point necessary for digesting it. From such a course I have never known good results.

On the contrary, I fully agree with Dr. Thomas Watson, that it is much better to adjust the quantity and quality of food to the existing condition of the stomach, than to undertake the very difficult task of adjusting the stomach to a given quantity of food. One ounce of nutritious matter *perfectly* digested and assimilated, is better for any patient than four ounces *imperfectly* prepared to nourish the textures of the body. A large proportion of phthisical patients have no difficulty in taking a sufficient quantity of any of the ordinary articles of diet, such as bread, meat, and vegetables; but for the class of patients to which I just alluded as possessing a highly irritable condition of the stomach, or what some of the older writers called "dyspeptic phthisis," the selection of diet is of paramount importance. In the great majority of such patients I have succeeded better with milk than any other article.

By adding lime-water in the proportion of one ounce to four ounces of milk, patients will generally bear from one gill to one pint at a time without inconvenience; and it contains all the elements necessary for nourishing the body more perfectly than any other one article of diet with which we are acquainted.

For drink, I induce tuberculous patients generally to use what is called "Algæ Chocolate," as a substitute for both tea and coffee. Besides being more nutritious, it contains a small proportion of iodine from the sea-weed which is mixed with the chocolate, and is therefore more or less valuable as a medicine. In regard to the patients here in the ward, the first and second cases to which I have called your attention, are able to take a reasonable quantity of all the more nutritious articles of diet. But the third case has become so much exhausted that the functions of the alimentary canal are much impaired, and he has become subject to short attacks of diarrhœa.

This patient has been obliged to rely principally on milk porridge, that is, sweet milk boiled and moderately thickened with wheat flour.

The rule in relation to exercise perhaps sufficiently explains itself. So long as the patient has sufficient strength, he should take such exercise daily as will bring the whole voluntary muscular system into action. Walking, riding on horse-back, and

moderate manual labor in the open air, are the most reliable methods of exercise. The first case you have just examined, takes active exercise by walking every day; the second has too much shortness of breath to endure much walking, but might be greatly benefitted by riding in an open carriage. The third, however, is too feeble to leave his bed. To carry out the third rule requires a careful selection of such anodynes, sedatives, and tonics as are best suited to each individual case. In the early stage of the disease, while the tubercular deposit is still in its crude state, I find the majority of patients more benefited by the following remedies than any others that I have used:

R Fluid Ext. of Lettuce, ℥j.
 Fluid Ext. of Cimicifuga, ℥j.

Mix. Give a teaspoonful before each meal and at bed-time, with five grains of Hypophosphite of Lime added to each dose when taken.

In such cases as are accompanied by passive hemorrhage, the Fluid Extract or Wine of Ergot may be substituted for the Cimicifuga with advantage. If the pulse is quick and the pulmonary organs very sensitive to atmospheric changes, much additional advantage will be derived by giving a wine-glassful of the infusion of *Lycopus Virginicus* or sweet Bugle half an hour after each meal. The same plan of treatment is also well adapted to some cases in the second stage of advancement. There is now in the Hospital a patient who was admitted three months since with all the symptoms of phthisis in its second stage. There was much emaciation, copious purulent expectoration, night sweats, and all the physical signs of softened tubercular disease in the upper lobes of both lungs. This patient has been kept upon substantially the same treatment as that just described. After the first six weeks the cough and expectoration began to diminish, and the latter has now ceased altogether. The hectic symptoms have also ceased, and the patient has gradually gained sufficient flesh and strength to enable him to walk about the city freely. Whether there is any truth in the theory of Dr. Churchill, or not, respecting the deficiency of phosphorous as an element in tubercular diseases, it is certain that the hypophosphites are among our best hæmo-

static tonics. Still, there are some patients, even in the early stage of phthisis, who do not seem to be benefited by them. Such is the first case to which I called your attention yesterday. Previous to his admission, I several times prescribed some one of these preparations for him. But under their use his cough and other symptoms of pulmonary irritation have uniformly increased. Hence I shall keep him pretty constantly on the use of the following mixture, viz :

R	Glycerine,	℥ ijss.
	Syrup of Iodide of Iron,	℥ ss.
	Sulph. Morphine,	1 gr.

Mix, and give a teaspoonful before each meal and at bedtime.

He has also taken constantly the infusion of *Lycopus Virginicus* after meals.* In all the advanced stages of the disease when the suppurative process is fully established, the expectoration copious, and the hectic rapidly wasting the patient, no medicine has done more in my hands to stay the progress of the disease and support the strength of the patient than this formula. Perhaps no remedy has been more generally used in the treatment of consumption during the last ten years than Cod-Liver Oil. From much observation, I have adopted the following rule for my own patients, viz : Whenever the patient can take at least three table-spoonfuls of the oil per day, without causing nausea or impairing the relish for food, it will pretty certainly prove beneficial. But unfortunately a large majority of tuberculous patients can take it but a short time before it disturbs the stomach, so much as to do more harm than good. In those cases where it is well borne, the improvement of the patient will be rendered much more certain by giving in conjunction with the oil, five grains each of hypophosphite of Lime and Dover's Powder three times a day. In favor of the use of alcoholic drinks in the treatment of phthisis I can say nothing. I have carefully watched their influence in connection with this disease for the last five years. They are worse than useless in counteracting the tuberculous diathesis, or preventing the deposit. In the active suppurative stage of the disease their free use will sometimes retard the emacia-

* This patient now (March 28th, 1860,) is nearly free from cough or expectoration, and about his ordinary business.

tion, lessen the cough, and give a decided appearance of improvement. But it is in appearance only; for in most of such cases, while the disease of the lungs is apparently retarded, the retention of carbon in the blood hastens a fatty degeneration of the liver and kidneys, and develops dropsical effusions and albuminous urine.

Two such cases have called on me from country districts within the last three weeks. But as the clinique hour has expired, and I have previously fully discussed this subject in the lecture-room, I will not detain you longer this morning.

CLINIQUE OF PROF. DAVIS, IN THE MEDICAL DEPARTMENT
OF LIND UNIVERSITY. Saturday, March 24th, 1860.

Chronic Ague with Enlargement of Spleen.—Case 1. Female child, aged 18 months. This child was first presented in the cliniques early in January last. It then presented a very bloodless appearance, with much emaciation. Its pulse was quick and feeble; skin cool; bowels a little inclined to be loose; and its appetite impaired. Its abdomen was much distended, partly by a very decided enlargement of the spleen, and partly by gaseous distension of the intestines.

The enlarged spleen could be easily traced by palpation and percussion. It had had regular paroxysms of intermittent fever, with only occasional short interruptions for several weeks previously. The treatment adopted consisted in the exhibition of Sulphate of Cinchonæ 1 gr. with Ferro-cyanide of Iron 1 gr. before each meal time, and a powder of Hydrarg. Cum Creta 1 gr., and Pulv. Doveri, $\frac{1}{2}$ gr., every night.

No further chills occurred, and after the first four days had passed, the mercurial powder was omitted; but the Quinine and Iron have been continued with only slight interruptions until the commencement of last week. It now appears in very good health, having acquired a good degree of flesh and strength, and the evidences of splenic enlargement having disappeared. The patient was discharged without further treatment.

Case 2. *Asthma-Chronic Bronchitis.*—This patient, a native of Ireland, aged about 50 years, first came to the Dispensary about one week since. He had been afflicted for many

months with a severe harsh cough, and severe paroxysms of dyspnœa. For two weeks previous to his present visit, the cough and difficulty of breathing had been so severe each night that he had been wholly unable to lie down and sleep.

The expectoration was scanty and viscid; the skin cool; lips leaden color; and the dry bronchial rhonci easily recognized over both sides of the chest. The entire absence of febrile symptoms; the wheezing quality of the respiration; and the severe exacerbations of dyspnœa at night, plainly designated it as a case of asthma. For temporary relief at that time, he was advised to take a powder containing Pulv. Opii, 2 grs., and Tart. Ant. et Pot. $\frac{1}{4}$ gr., each morning, noon and night. He has taken these powders during the week past, and with very much relief.

The attention of the class was called to the fact that asthma, like dropsy, is merely a symptom; which is generally dependent on some prior and perhaps remote pathological condition. Thus, one class of cases depend on organic disease of the heart; another on chronic inflammation of the bronchial mucous membrane; and another on a morbid condition of the respiratory nerves, inducing purely spasmodic action. The latter cases were distinguished by the suddenness and violence of the paroxysms, and the *entire relief* from all symptoms of respiratory disturbance in the intervals. The two former are to be diagnosed with certainty only by the aid of auscultation and percussion. Attention was called to the fact that in the present patient, there was constantly a shortness of breath, greatly increased by exercise; considerable cough, especially in the morning, with a tenacious opaque expectoration; and on applying the stethoscope there was on both sides a harsh and exaggerated inspiratory murmur, somewhat prolonged in expiration, but neither broncophony nor increased dulness on percussion. The rhythm and sounds of the heart were normal.

These symptoms and physical signs, existing at a time when the patient is entirely free from any special paroxysm of the asthmatic affection, are sufficient to show that the bronchial mucous membrane is thicker and more dry than natural, thereby lessening the capacity of the bronchial tubes, inducing short-

ness of breath, and rendering the sound produced by the ingress and egress of air harsher than natural. This state of the mucous membrane is doubtless the product of chronic inflammation. We often find similar changes in the respiratory murmur accompanying the early stage of the tubercular deposit, but this is readily distinguished by the addition of more or less broncophony and diminished resonance, symptoms that are absent in the present case.

After the students present had each made an examination of the patient with the stethoscope, the following prescriptions were made for the patient, viz :

R	Tinct. Cimicifuga Rac.	℥ jss.
	Tinct. Lobelia,	℥ ss.
	Tinct. Opii et Camph.	℥ j.

Mix, and give a teaspoonful before each meal and at bed-time.

R	Pulv. Aloes,	20 grs.
	Sulph. Ferri,	20 grs.
	Pillulæ Hydrarg.	10 grs.
	Ext. Cannabis Ind.	20 grs.

Mix and divide into twenty pills. Take one pill at 8 o'clock each evening.

The patient was requested to return to the Dispensary on the next Saturday.

Case 3d.—*Chronic Bronchitis with Psoriasis.*—Male, aged 23 years, native of Ireland, laborer. This patient complained of a harsh bronchial cough, with soreness behind the sternum and in the epigastrium. He presented all the physical and rational signs of sub-acute bronchitis, resulting from a severe cold two weeks since. He also showed a well characterized patch of psoriasis on the outer part of the left arm, and a still larger patch on the leg. From the copper color of the cutaneous disease it was supposed to have some connection with a previous syphalitic influence. After explaining fully the diagnostic symptoms and nature of the cutaneous disease, the lecturer remarked that, if he was to prescribe for the bronchial affection alone, he should direct a simple anodyne and expectorant mixture, such as a combination of the Comp. Honey of Squills, Senega and Antimony, with the Camph. Tinct. of Opium. But as the present case was complicated with an

obstinate cutaneous disease, dependent, in part at least, on a specific influence, he would make the following prescriptions for the present, requesting the patient to return and report progress the following week, viz :

R	Fluid Ext. Lactuca Sat.	℥ jss.
	Fluid Ext. Cinchona,	℥ jss.
	Bi Chloride Hydrarg.	1 gr.

Mix, and take a tea spoonful before each meal and at bed time, in a little sweetened water.

R	Iodide of Sulphur,	℥ i.
	Simple Cerate,	℥ jss.

Mix, thoroughly, and apply to the patches of cutaneous disease every night.

Two other cases were presented at the clinique, of which we had not time to make a memorandum.

CHICAGO ACADEMY OF MEDICAL SCIENCES.

(Reported for "Medical Examiner," by WALTER HAY, M. D., Sec'y.)

This Academy assembled in their new rooms, No. Washington Street, and being called to order by the President, the proceedings of the last meeting were read, accepted, and ordered to be recorded. The Secretary read a report from the Council Committee appointed to make purchases of furniture and fittings for the new rooms, submitting therewith vouchers for moneys expended, which was also accepted and ordered on file.

Dr. Hamill read a paper upon Sulphate of Quinine and some of its effects.

Dr. Ingalls thought the remedy was usually given in too large doses, thereby proving a local irritant, and developing any latent typhoid tendency.

Dr. Hay agreed with the gentleman in recommending the use of small doses of quinine frequently repeated, in intermittents; did not consider it a local irritant.

Dr. Rauch did not believe quinine to be a local irritant, but

thought that it must necessarily be absorbed in order to produce its physiological effects.

Dr. O. Smith thought that the remedy in question must act by means of absorption upon the nervous system as a stimulant contracting the arteries, and increasing the fulness and hardness of the pulse.

Dr. Holmes asked for information regarding the efficacy of small doses, and the actual amount necessary to be administered.

Dr. Wickersham thought 14 to 16 grains the smallest quantity necessary to be introduced into the system in order to overcome an attack of intermittent.

Dr. McAllister related the treatment of two cases, illustrating the efficacy of small doses of quinine preceded by a mercurial cathartic, after large doses had proved inefficient.

Dr. Byford thought that in Dr. McAllister's cases above mentioned, much allowance was to be made for the influence of change of climate and season, and related a summary of the changes which had taken place in the mode of using quinine, during a period of twenty years within his experience; he considered the remedy to possess, in addition to its other qualities, diaphoretic properties, and favored its administration in large doses of three to five grains. He considered that the absence of uric acid in the urine to be attributable rather to the diminution in the waste of tissue than to defective elimination. He believed that quinine was an irritant relatively, frequently as much so in small as in large doses, and that its effects were generally too evanescent to prove injurious. He had seen no harm, nor any good result from its use in the treatment of typhoid fever, and believed, that in order to the production of its full therapeutic effect, a certain specific quantity was necessary to be introduced into the system, which quantity was only to be determined by experience.

Dr. Wickersham considered the remedy decidedly productive of injury to the brain when incautiously administered.

Dr. Rauch favored the administration of quinine in small doses, continued for a longer period of time, and thought that the changes in the mode of practice in different localities might

be accounted for by changes in the types of diseases. He believed that the remedy was useful in typhoid fever, as a tonic during convalescence, but at no other time during the continuance of that disease.

Dr. Chas. G. Smith considered quinine to be an anti-periodic simply, acting through the medium of the nervous system, and was as appropriate a remedy in one form of periodical disease as in another, hence its efficacy in neuralgia. He did not agree with Headland in his theory that it supplied a deficient element to the blood.

Dr. Bloodgood had commenced in the early portion of his career with the use of small doses of quinine, which he had found entirely successful. Some years afterwards, he, in common with other practitioners in the same locality, had found it necessary to increase the doses in order to produce the desired effect; did not believe the remedy a local irritant; did not approve of small doses, and always waited for a complete intermission before using it at all.

Dr. Graham strongly advocated the use of large doses of quinine; had seen many lives sacrificed by the too sparing use of that remedy. Considered it necessary to place the system thoroughly under its effects, and speedily, in the severer forms of intermittent, in order to insure the life of the patient.

Dr. Hamill had used Carbonate of Ammonia, and also Prussiate of Iron, in conjunction with a diminished portion of quinine, and found them valuable and efficacious substitutes for a portion of the usual quantity of the alkaloid used.

Dr. Ingalls inquired at what periods typhoid fever had been first observed in the West, and in what localities these observations had been made.

Dr. Byford had seen it first in Southern Indiana in 1843.

Dr. Ingalls in Central Illinois in 1847.

Dr. Rauch in Iowa in 1854.

Dr. Bevan had seen cases of typhoid fever fabricated by the abuse of quinine; did not believe that this agent ever originated or kept up intermittent fever, which idea he thought to be an error originating with Hahnemann and his followers.

The debate was continued by Drs. Bloodgood, Graham, Rauch, Orrin Smith, and Ingalls.

Dr. Hay's amendments to the By-Laws proposed at the last meeting were adopted *leviatim*, whereupon the Academy adjourned.

BOOK AND PAMPHLET NOTICES.

A GUIDE TO THE PRACTICAL STUDY OF DISEASES OF THE EYE: With an outline of their Medical and Operative Treatment. BY JAMES DIXON, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital, etc., etc. From the Second London Edition. Philadelphia: Lindsay & Blakiston. 1860.

This is the title to a small sized octavo volume of 427 pages. It is strictly an elementary treatise, or manual, and we think a very useful one. Its chapters are brief, but direct and practical; and their recommendations, so far at least as we have been able to examine them, judicious.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. BY FRANK HASTINGS HAMILTON, M. D., Prof of Surgery in the University of Buffalo, etc., etc. Illustrated with 289 Wood Cuts. Philadelphia: Blanchard & Lea. 1860.

This is a large sized octavo volume of 757 pages; and is the most complete special work on Fractures and Dislocations accessible to the American profession. A more extended notice of its contents will be given in our next number.

CLINICAL LECTURES ON CERTAIN ACUTE DISEASES. BY ROBERT BENTLEY TODD, M. D., F. R. S., Author of Lectures on Diseases of the Urinary Organs, etc., formerly Physician, now Consulting Physician to King's College Hospital, London. Philadelphia: Blanchard & Lea. 1860.

This is an octavo volume of 308 pages, occupied with fourteen Lectures; three of which are devoted to a consideration of Rheumatic Fever; two to Continued Fever; two to Erysipelas; one to Rheumatic Pericarditis and Endocarditis; one to Pyemia; four to Pneumonia; and one to the Therapeutical Action of

Alcohol. The general pathological and therapeutical doctrines advocated in the work, are distinctly shadowed forth in the following extract from the preface :

“ The design of the lectures published in the present volume, is to describe and illustrate by examples the clinical history and treatment of the more important acute diseases.

There will (the author believes) be found in the following pages evidence enough to show that the ordinary so-called anti-phlogistic treatment is unnecessary (to say the least) for the cure of acute internal inflammations ; and that the supposed necessity for such treatment rested upon an untenable hypothesis respecting the nature of inflammation and of fevers, and cannot be regarded as a legitimate induction from accurately observed clinical facts.

The conclusions, which the clinical observations detailed in the lectures tend more or less to establish, may be summed up in the following propositions :—

1. That the notion so long prevalent in the schools, that acute disease can be prevented or cured by means which depress and reduce vital and nervous power, is altogether fallacious.

2. That acute disease is not curable by the direct influence of any form of drug or any known remedial agent, excepting when it is capable of acting as an antidote, or of neutralizing a poison, on the presence of which in the system the disease may depend (*matteries morbi*).

3. That disease is cured by natural processes, to promote which, in their full vigor, vital power must be upheld. Remedies, whether in the shape of drugs, which exercise a special physiological influence on the system, or in whatever form, are useful only so far as they may excite, assist, or promote these natural curative processes.

4. That it should be the aim of the physician (after he has sedulously studied the clinical history of disease, and made himself master of its diagnosis), to inquire minutely into the intimate nature of these curative processes—their physiology, so to speak ; to discover the best means of assisting them, to search for antidotes to morbid poisons, and to ascertain the best and most convenient methods of upholding vital power.

If one may venture a suggestion respecting the future of pathology, and of practice founded on it, it would be that a time is not far distant when all men who practice medicine in a scientific spirit, and divested of all the trammels of routine, will discard the distinction of acute inflammations and acute disease in general, into *asthenic* and *sthenic*—that all these maladies will be regarded as more or less asthenic, and as promoting more or less an undue waste of tissue, and that, in treatment, an object of primary importance will be the early adoption of means to uphold vital power, and the watchful and continued use of them throughout the duration of the case."

These propositions contain some truisms, some sophisms, and some glaring errors. For instance, the assertion that "disease is cured by natural processes," is a mere truism; for certainly it could not be cured by *unnatural* processes. Again, the assertion that remedies "are useful only so far as they excite, assist, or promote these natural curative processes" is purely sophistical; and when analyzed, amounts simply to the assertion that a remedy to act as such in the treatment of disease, must be capable of influencing in some way the natural curative processes capable of occurring in the animal economy. The second proposition quoted is entirely erroneous, as the author himself fully proves before he gets through his second lecture. Thus, on page 45, when speaking of the treatment of rheumatic fever, he says: "The seventh and last mode of treatment that I shall mention to you, is that which you have seen me adopt frequently at this Hospital, namely, *the treatment by elimination*. I give it this name in order that you may keep well in view its main object—to promote the *elimination* of morbid matter by the various excretories, etc." Again, on page 47, he says: "You perceive that all the means employed in this mode of treatment *tend to elimination*, and to the relief of pain; the opiate sudorific affecting the skin: the nitre and alkaline salts acting on the kidneys: the purgatives on the mucous membrane of the bowels: the wool and blisters on the joints." Now, inasmuch as this mode of treatment is the favorite one of the author, and he has reported numerous cases "cured" by it, without claiming that a single one of the remedies employed acted

either as an "antidote," or as a "neutralizer of poison," we need go no further to prove the entire fallacy of his second proposition.

For what more "*direct influence*" can a remedy exert than that of a sudorific on the skin, a diuretic on the kidneys, or a cathartic on the bowels? Yet no one will pretend, that causing a direct *elimination* of morbid material, is either *antidoting* or *neutralizing* it. The first proposition we have quoted, declaring the notion that acute diseases are "cured by means which depress and reduce vital and nervous power," to be "altogether fallacious;" and the first clause of the third proposition, claiming that to promote the cure of disease by natural processes, "*vital power* must be upheld," affords a key to the whole book. Indeed they present the fundamental idea which the several lectures are simply designed to amplify and illustrate. In seeking for the exact meaning which the author intends to convey by *means* that depress *vital* power, we readily find that they are such as have long been included under the general term, *antiphlogistic* measures. And he expresses his decided belief, that the lectures contained in this volume, embody sufficient evidence to show that these means are "unnecessary for the cure of acute internal inflammations." On the other hand, the means for *upholding vital power*, are food, tonics, and so-called stimulants, of which alcohol is the chief. In conformity with these ideas, he plainly indicates his belief that all acute diseases are *asthenic* in their nature; and that "alcohol, in some form or other, is a remedy whose value can scarcely be over-estimated, and one upon which, when carefully administered, he relies with the utmost confidence in a great number of cases of disease which are at all amenable to treatment."

Such is a brief, but true statement of the doctrines of the learned and distinguished author of these lectures. Their importance, as indicating the present tendencies of a highly respectable portion of the professional mind, render them worthy of a careful examination. This we have neither space nor time to do at present. We will not leave the subject, however, without asking a few questions for the consideration of our readers.

1st. Are these doctrines true? Are the acute phlegmasia always *asthenic* in their nature? When we come to a patient with a florid flush in the face; a hot skin; hurried respiration; a full, strong, firm pulse; acute pain in the side, head, or joints; and acuteness of sensibility generally, are we to credit the evidence of our senses, and call it a case of active *sthenic* disease; or shall we ignore the evidence of our own senses, together with the clinical observations of the most extensive practitioners since the days of Hippocrates, and place such a case in the same category with one presenting a dingy flush on the face; a soft, compressible and frequent pulse; dull pain; and dulness of mental action? If the latter, then we might as well abandon all idea of making practical distinctions at the bed-side of the living patient. That most of the diseases seen by Dr. Todd during his long and honored service in King's College Hospital, have been *asthenic*, we have no doubt. But is he quite safe in considering the specific character of diseases in a London Hospital as fairly representing the character of disease everywhere? During the ten years that we have been connected with the Mercy Hospital of this city, we have not met with more than two or three of its inmates who presented such symptoms of an active *sthenic* condition, as to require the use of venesection or strong sedatives. But during the ten years that we practiced medicine in a rugged, hilly district in the interior of New York, we seldom met with a well marked case of pleurisy, pneumonia, arachnitis, or acute rheumatism, in the treatment of which, depletion and sedatives could be omitted without jeopardizing the life of the patient. Have our senses and the results of our practice alike deceived us all through life? Or can we rely on it as a settled fact in pathology, that the specific or particular character of diseases vary with the variations of locality, climate, season, temperament, and other circumstances attendant on their development?

The reader of the volume before us would be more likely to adopt the theories of its author, if the treatment of disease recommended in it was more consistent with such theories. For while the author intimates that all acute diseases are *asthenic*, and that the idea of curing them by antiphlogistic

means is entirely fallacious, he treats the very first disease chosen to illustrate his pathological views, with anodyne sudorifics, diuretics, and purgatives; remedies which have certainly been ranked as antiphlogistic since the days of Hippocrates. And if sweating, diuresis and purging are not positively depletive, it is quite time that we altered the whole phraseology of our *Materia Medica*.

2. What does our author mean by "*Vital Power*"? Is it the *vis anima* or *vis vitæ* of the older writers? Is it the *vis medicatrix naturæ* of the modern? Or is it an undefined shadowy something that rules like a presiding genius over the various organic movements and functions of the human system? We fully agree with Dr. Todd, that the prevalent doctrines of pathology and therapeutics, should be carefully reviewed; and we think one of the first and most important objects of such review should be, either to expunge from our literature, or definitely define all such words and phrases as *vital power*, *vital force*, *nervous force*, *vis medicatrix*, and others used to conceal ignorance, or to express ideas too vague to be understood. If the pathologist tells us that the blood is capable of being altered in the relative proportion of its constituents, or may have new matters introduced into it, thereby causing diseases which are to be cured by remedies that either increase the deficient constituents, or neutralize or expel the foreign matters, we can understand fully his meaning. If he tells us that all living organized structures necessarily possess a *property* by which the primary cells, or particles of which they are composed, are made to assume a certain definite relation to each other, and which property he calls *vital affinity*, we can understand readily his meaning. If he tells us that all living organized matter possesses another property, by which it is rendered capable of being acted upon by exterior agents, and which he calls *susceptibility*, we can attach a well defined idea to his language. If he goes further, and informs us that every structure has its elementary function, such as secretion for the secreting cells; contraction for the muscular structure; sensibility and transmissibility for the nervous, etc., he can be understood. If he tells us that any one of these properties or

elementary functions, separately, or all of them unitedly, may be increased, diminished, or perverted, constituting elementary forms of morbid action, out of which the complex phenomena of disease are developed; and that curative measures must be sought in such agents as will depress these properties and functions when excited; increase them when depressed; or correct them when perverted, we can comprehend the meaning of his language, and grasp clearly the ideas he wishes to convey. But when he talks of sustaining or depressing *vital power*, or nervous power, or the *vis medicatrix naturee*, we will not say he talks nonsense; but he certainly talks of something very imperfectly defined.

2. What are the *natural curative processes*?

Within a few years past, much has been written by Drs. Forbes, Bigelow, and their disciples, about the "natural curative processes," "nature in the cure of disease," etc. We are gravely assured that it is the office of the physician *not to cure* disease, but only to *aid nature* in affecting a cure.

It is very easy to sit down at ones desk and magnify the sanitary powers of dame nature; and write many pretty things about her wonderful accomplishments. But after all, we are very much inclined to think that it would be far more satisfactory to the anxious, toiling practitioner, at the bed-side of his patient, to be informed definitely what *nature* is? What the *natural curative processes*? And by what means they can be most readily influenced in any given direction.

We seldom read anything on this subject without thinking of a discussion in a Medical Society, to which we had the pleasure of listening. The subject under consideration was the treatment of an acute and serious disease. One member rose and said that he considered the disease as specific in its nature, destined to run a given course, and seldom or never needed any treatment at all; and expressed his very decided conviction that if every case was left entirely to good nursing, the ratio of mortality from the disease would be very much less. He likened the disease to an engine running on a Rail Road track, and the business of the physician was simply to keep the *track clear*. When questioned, however, in relation to the liability

of having obstructions on the track, and the best means for their removal, he enumerated under the first head almost all the consequences or important morbid developments of the disease, and under the latter an array of medicinal agents more numerous and active than we had even thought of using in the same form of disease. Would not the comparison have been better if the Doctor had made the engine represent *nature*, or more properly, the living, healthy human system, and the obstruction on the track, the disease? For what is disease but a deviation from health, an obstruction to the healthy performance of one or more of the natural processes and functions of the system? And in what does the cure of disease consist, except in the removal of such obstructions or deviations from healthy action?

We had intended to notice the last lecture in this volume, which discusses the therapeutic relations of alcohol; and which we think presents many important errors. But we have occupied very much more space than usual already, and consequently will not pursue the subject further at present.

All the above-named works were received from the publishers, through the extensive Book Establishment of S. C. Griggs & Co., of this city.

We have also received from the Author, a volume entitled "*Mal-practice and Medical Evidence*," which will be noticed in our next issue.

SELECTIONS.

Goitre successfully treated by large doses of Bromide of Potassium and Liquor Potassæ.—Cases of goitre, and especially those of long standing, are some of the most troublesome and unsatisfactory that fall under the notice of practitioners. In many of them, even where treatment has been successful for a time, it sometimes happens that from very trifling exciting causes the gland enlarges to as great a size as ever. During the past year we had the opportunity of seeing over a dozen

examples of goitre, under Dr. O'Conner's care at the Royal Free Hospital. In a few of those cases, iodide of potassium, in small doses, gradually increased to larger ones, with the external application of strong iodine paint, was tried without benefit. The same remedies in combination with steel, and generous living, were equally unsuccessful. Bromide of potassium, in doses of five grains, with ten minims of liquor potassæ in infusion of quassia, was next tried, and continued for some time, with benefit, the bromide being gradually increased to doses of twenty-five grains, three times a day, with forty minims of liquor potassæ. In all the instances in which it was given for a proper length of time, the result was a complete disappearance of the glandular enlargement. The minimum dose of the bromide now administered in these cases by Dr. O'Conner is ten grains, with twenty minims of liquor potassæ and infusion of quassia. There are now three patients under treatment in whom the progressively beneficial effects of this remedy are clearly discernible. In many of these cases strong iodine paint is used as an application. We have heard Dr. O'Conner state, that the bromide of potassium does not produce any of the depressing effects of the iodide, which is a practical point of very great importance.—*London Lancet.*

Turpentine in Hæmoptysis.—There are several well-known remedies which justly enjoy a high reputation for arresting attacks of hæmoptysis, and amongst them may be mentioned acetate of lead, gallic acid, and dilute sulphuric acid. These we see commonly employed, and almost invariably with success. From some cause or other, however, they will sometimes fail, and our reliance must be placed upon some other astringent and styptic, which shall have the power of effectually checking this slow form of bleeding from the lungs. The oil of turpentine is, perhaps, one of the best next to those we have mentioned, and when properly administered can be relied upon. We lately observed two cases of hæmoptysis in the Charing-cross Hospital, under Willshire's care, which continued obstinately persistent, in spite of the free use of acetate of lead firstly, then gallic acid, and thirdly dilute sulphuric acid. One patient was a young man aged twenty-one years, who has had several recurring attacks of this symptom; he was admitted on the 28th of November. The hæmorrhage was stopped only when the oil of turpentine was administered in doses of twenty-five drops three times a day in a little syrup-and-water.

The other patient was a female, at first in the surgical wards under Mr. Hancock's care; she had had a breast amputated, which was followed by intense congestion of the lungs, with hæmorrhage. She was now transferred to Dr. Willshire's care, and after taking the other remedies in full doses without effect, the turpentine completely controlled the bleeding, and she is gradually improving.

The efficacy of turpentine is well-known in hæmorrhages from the urinary passages, and also from the uterus,—that is to say in their passive form; and as it exerts a specific and peculiar influence upon mucous surfaces generally, we may look for good results in other parts of the body, of which the bronchi are most certainly not the least important.—*London Lancet*.

Hernia Testis from Strumous Deposit. Partial removal: Cure.—The strumous diathesis is one of the most unfavorable complications under which inflammatory affections of the testicle can occur. A blow on the testicle, which, in a healthy individual, excites only transient or trifling orchitis, will, in a strumous constitution, light up chronic disease, accompanied by enduring enlargement and strumous deposit; frequently at a latter stage this strumous matter breaks down, abscess forms, and hernia testis in its most troublesome aspect is the result.

Of this form of the disease the following case afforded a good type:—J. A—, aged forty-five, was admitted into St. Mary's Hospital, under the care of Mr. Coulson, having the scrotum greatly enlarged, and swollen to the size of a shaddock, tense and elastic to the touch. From an aperture on the right side, the corresponding testis protruded, forming a shining, irregular mass, of the size of a walnut, adherent to the surface of the scrotum. The disease dated from a sharp blow received six months previously, subsequent to which occurrence there were pain and swelling to a considerable degree; this subsided almost wholly under appropriate medical treatment; the scrotum had never resumed its former size, but remained somewhat large and indurate. Four weeks before admission, the swelling gradually increased, and about a week before, the skin gave way, and the testicle came into view. Mr. Coulson made two punctures in the scrotum in order to evacuate its fluid contents, and employed compression and suspension. Under this treatment the swelling greatly diminished; but the protrusion of the testis persisted. He determined, therefore, to perform ablation

of the fungoid portion of the testis, and to return the remaining part. He proceeded to dissect the testis from the scrotum, enlarged by upward and downward incisions the aperture of protrusion, removed that part of the testis which was infiltrated with strumous deposit, and returned the healthy portion into the scrotum; bringing, then, the clean edges of the wound together by many points of suture. The patient did perfectly well for some days. A sharp attack of erysipelas then ensued; the scrotum, groin, and perinæum were inflamed; the wound gaped, and the testis protruded: the scrotum became hard and thickened, and the skin livid. Under appropriate treatment, however, the erysipelatous inflammation subsided. Mr. Coulson then employed tonics, and a lotion of five grains of nitrate of silver to one ounce of lime water. Under this treatment the scrotum contracted around the testis, so that when cicatrization was completed, and the parts had healed, the testis was completely covered, and the man was discharged cured.

On the 1st inst., we were present at the London Hospital, when Mr. Curling dissected the skin around a benign fungus of the testicle in a colored man, and brought it over the protruding mass, which comprised nearly the whole of the testicle. This was the result of chronic orchitis, but the bulk of the tumor had become diminished through absorption from the internal use of the iodide of potassium.—*London Lancet.*

Elevation of the Subclavian Artery above the Clavicle, in a Phthisical Patient.—There are many circumstances which influence the position of the subclavian artery in the neck; and according to its elevation on a level with or even above the clavicle, so can it readily be tied when necessity demands such a proceeding at the hands of the surgeon. As we are in the habit of encountering this vessel clinically, it is usually situated below or at any rate not higher than the level of the clavicle; its deviation from this, however, is a fact worthy of note and of record. On a reference to Mr. Quain's great work on the Arteries, we find the relative position of the artery and clavicle noted in 25 cases, and the results were as follows:—the artery was not higher than the clavicle in 6; was slightly higher in 11; was half an inch and not exceeding one inch higher in 4, and more than one inch and not exceeding one inch and a half in 4. As may be imagined, the position of the shoulders and the development of the tissues materially influence the position of the artery. It is very possible in lean subjects with long and slender necks, that the artery may oftner rise above the clavicle than we are aware of.

We had the opportunity lately of examining a phthisical patient in St. Bartholomew's Hospital, under Dr. Farre's care, who is much emaciated from his disease, there being already a cavity under his right collar bone, with pectoriloquy and all the usual physical signs of phthisis. His age is thirty-nine, and the disease has existed twelve months, with occasional attacks of hæmoptysis, as we learn from Mr. Schollick, Dr. Farre's clinical clerk. The subclavian artery can be felt almost subcutaneously beating much above the clavicle, and very slight pressure causes pain. There is irritability of the muscles of the neck, and he has much laryngeal irritation as well, possibly ulceration of his mucous membrane in some part of the larynx below the vocal cords—we say below because the voice as yet is not materially affected. His uvula was elongated, but truncation afforded considerable relief. There is no similar elevation of the subclavian of the left side, which is perhaps peculiar, but possibly depending upon the absence of extensive disease of the lung. The relative position of the important artery and the clavicle is of some value clinically, and has not hitherto attracted much attention, at least among physicians. We are the more anxious, therefore, to bring it before the notice of our readers, and shall not fail to record any well-marked instances of it similar to this case. The patient in the present instance has a pigeon shaped chest, and his clavicles seem depressed.—*London Lancet.*

Enchondroma of the big toe for twenty years.—The growth of enchondromatous or cartilaginous tumour is usually slow; but the period of time varies much, from a few to many years. They are common enough about the hands, but not so much so on the feet.

On the 22nd ult., Mr. Hilton removed from a woman a tumour of this kind, as large as a walnut, which had been slowly growing on the inner surface of the left great toe for the period of twenty years. It recurred after the removal, at that time, of a probably similar tumour, and on the present occasion did not involve the phalanx. She had experienced no pain, and her general health was good; but the position of the growth now and then caused much inconvenience. It proved to be pure enchondroma, without any mixture of bony material, and since the operation the patient has gone on well without a bad symptom. In certain instances similar tumours have increased very rapidly within a few months, but, as a rule, their growth is tardy.—*London Lancet.*

Severe Burn of the Neck, treated by extension from the beginning.—On the 8th inst., a little girl, about nine years old was given chloroform at Guy's Hospital, and an effort was made by Mr. Hilton to flex her right arm, which had become ankylosed in consequence of a severe burn some two years ago. All his efforts were fruitless, because the union was now bony and extremely firm. Her case otherwise was a very remarkable and interesting one, from the fact of her complete recovery from a terrible burn of the whole anterior part of the neck and upper part of the chest, sustained two years ago, without the least deformity whatsoever.

When admitted into Guy's after the accident, the destruction of the skin was so extensive that the pectoral and some of the muscles of the neck were exposed, and the burn extended on-wards to the right arm and forearm, whilst it occupied each side of the neck, involving the external surfaces of both of her ears. She was retained in bed for six months; her head and neck were kept perfectly quiet, and the latter was maintained in an extended position by means of a small bag of sand placed at the back of it. She was allowed, however, to sit up to her meals. When she left her bed she wore a stock, which greatly elevated the chin; from its lower part were attached two cushions, which pressed over the upper part of the chest, and permitted a free motion, with an utter absence of deformity. The thin cicatrix glides with perfect ease over all the subjacent parts. This stock is to be continued for a sufficient time, to prevent all tendency to contraction. It is one of the most satisfactory cases of the kind in regard to the treatment, considering the extent and severity of the burn, which we ever remember to have witnessed.

Elephantiasis of the Clitoris.—A well marked example of this curious disease, spreading to the surrounding labia and nymphæ, was recently admitted into St. George's Hospital. The patient was an elderly woman, who underwent an operation three years ago for the removal of the same sort of disease, but it had not now returned in the old cicatrix. It formed a considerable sized tumor of the organ in question, was pendulous, and divided into a series of lobes by numerous fringe-like processes. She was placed under the influence of chloroform, and its removal was effected by means of a double ligature through its pedicle, and then cutting it off. This totally prevented any hemorrhage, which Mr. Tatum observed was some times very considerable in such cases. The patient is doing well, but much disease remains in the labia and nymphæ, the cellular tissue of which is very liable to take on the same hypertrophic action of a later period.

EDITORIAL.

FIRST ANNUAL COMMENCEMENT OF MEDICAL DEPARTMENT
OF LIND UNIVERSITY.

According to previous notice, the Public Commencement of this new Medical Institution, was held on the evening of March 5th, 1860, in the Second Presbyterian Church.

At the hour appointed, the Church was well filled with citizens, embracing many professional men, and friends of education generally. The exercises commenced with prayer, by the Rev. Dr. Patterson, after which the candidates for graduation were called upon the platform, when Mr. J. S. Jewell, one of their number, delivered a very appropriate and interesting farewell address in behalf of the students. The President of the Faculty then announced the award of a premium to Rufus D. Cogswell, of Illinois, for the best Inaugural Thesis, and another to A. D. Andrews, of Wisconsin, for the second best Thesis. Prof. H. A. Johnson, on behalf of the Board of Trustees, conferred the Degree of Doctor of Medicine on the following gentlemen:

C. DeHaven Jones, of Evanston, Illinois.

John Conant, of Rockford, Illinois.

J. S. Jewell, of Attilla, Illinois.

Rufus D. Cogswell, of Wilmington, Illinois.

Lucien Ashley, of Magnolia, Illinois.

Thos. J. Rigg, of Chicago, Illinois.

J. F. Hopkins, of Milwaukee, Wisconsin.

A. D. Andrews, of River Falls, Wisconsin.

J. M. Kendall, of Wabash, Indiana.

The *ad eundem* degree was conferred on Drs. Edward C. Dickinson and Ezra A. Steele, both of Chicago, Illinois. After the conferring of the Degrees, Titus Deville, M. D., Professor of Anatomy in the University, announced his intention of returning to Europe, and delivered to the Faculty, Graduates and Students, a very appropriate and eloquent farewell address.

The regular Valedictory Address to the Graduates, was given by Prof. H. A. Johnson, on the qualifications of the true physician. The theme was presented in its most comprehen-

sive aspect; embracing the physical, intellectual, and moral qualities necessary for the attainment of a just eminence in the medical profession. The several topics were admirably arranged; the illustrations and comparisons were chosen with that nice discrimination for which the speaker is justly celebrated; and the whole was clothed in language as pure and classic as it was eloquent and stirring. It was received by the audience and class with marked attention and pleasure.

The exercises in the Church were closed with a benediction: and the Trustees, Faculty, Graduates, Students, and invited guests, retired to the residence of Prof. N. S. Davis, where they partook of an entertainment in honor of the graduates, and spent two or three hours in the most pleasant social and intellectual enjoyment.

As an evidence of the latter (the intellectual) part of the entertainment, we append the sentiments offered, and the names of the respondents to each.

By Dr. J. F. Hopkins: "The *Lind University*, with a foundation as broad as the liberality of its *chief almoner*, and as stable as the pillars of virtue; her Medical Department is plainly destined to be the great centre of medical science and instruction in the North-West." Responded to by S. Lind, B. W. Raymond, and Rev. Mr. Spencer.

By Dr. A. D. Andrews: "The *Faculty* of the Medical Department of the Lind University, neither corroded by the rust of old fogginess, nor soured by "green-eyed jealousy," nor blinded by an over-zealous spirit of reform, but genuine advocates of *rational improvements*, may their success be equal to their talents and their virtues." Responded to by Professors Byford, Hollister, and Taylor.

By Dr. C. D. Jones: "The *Senior Professor* of the *Senior Department*, Prof. Davis—the founder of the American Medical Association, and the personification of indomitable energy—may the throbbings of his generous heart meet a cordial response from the profession at large, and he live to realize his highest ambition." Responded to by Prof. Davis; who in concluding his remarks, gave in return a sentiment to the *Senior Class*, which called out a very appropriate reply in their behalf from Dr. Jones.

By Dr. J. M. Kendall: "The *Senior* Professor of the Junior Department, Prof. H. A. Johnson—self-made and self-reliant; an example worthy of imitation. May the sentiments he has uttered find a lodgement in prolific minds, that will prove lasting monuments to perpetuate his name." Responded to by Prof. Johnson, who in return gave a sentiment to the *Junior Class*; which called out a very humorous and pleasant reply from Mr. Webber of that department.

By Dr. J. F. Hopkins: "Prof. E. Andrews, the accomplished and energetic Surgeon of the North-West." Responded to by Prof. Andrews.

By Dr. R. D. Cogswell: "Our *emeritus* Professor of Obstetrics, Dr. David Rutter, honored and revered by all who know him; may we never forget the good council he has given us."

By Dr. Hopkins: "Our esteemed *Hostess*, Mrs. Dr. Davis, one of the *true-hearted women of America*. We shall ever think of her as our memories linger around this festive scene. May she long live an ornament to society." Responded to by Prof. Spafford.

Throughout the evening everything was done in admirable order, and it was altogether the most interesting and pleasant college commencement we ever attended.

Immediately after the close of the regular annual college term, the Medical Faculty of the University arranged a course of summer instruction for those students who should remain in the city. A good text-book in each department of medical science was selected, and the student required to undergo a regular examination in each, accompanied by a familiar explanatory lecture once a week. By this arrangement the student gets one thorough examination in some branch every day. The dissecting room has also been kept open and supplied with *material*, under the charge of the Demonstrator. In addition to this course of systematic reading, examinations and dissections, they have one hour of clinical instruction every day by Professors Andrews and Davis, viz: On Mondays, Tuesdays, Thursdays and Fridays, in the Mercy Hospital, and on Wednesday and Saturday in the City Dispensary, at the University rooms.

Thus, the division of the regular College term into Junior and Senior Departments, adapted to the systematic and progressive advancement of the students; the lengthening of the term in both, to *five* months; the more comprehensive presentation of the whole field of medical science and art by the divided term, and the increased number of Professors; and the continuance of the examinations, demonstrations, and clinical instruction, throughout the entire summer, from the close of one term to the commencement of the next; makes up a system of medical instruction for the Medical Department of Lind University, more comprehensive in its scope; more accurately adjusted in its details to the wants of the student in the successive steps of his pupilage; and more continuous, than is afforded by any other institution with which we are acquainted, in America.

The course of summer instruction is now in active progress, and regularly attended by a class of good students.

ILLINOIS STATE MEDICAL SOCIETY.

We are assured by Dr. S. York, that the profession and citizens of Paris, have made ample arrangements to entertain hospitably all the members of the State Society who will attend the coming meeting on the second Tuesday in May next.

We hope there will be a full attendance from all parts of the State.

DELEGATES TO THE STATE SOCIETY.

The Chicago Academy of Medical Sciences appointed the following delegates to the State Society, viz: S. C. Blake, Chas. G. Smith, Thomas Bevan, and J. H. Rauch.

The Chicago Medical Society, at its last annual meeting, appointed the following officers:

President—Orrin Smith, M. D.

Vice President—L. P. Cheeney, M. D.

Secretary—J. Swayne Wickersham, M. D.

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ORIGINAL COMMUNICATIONS.

CROUP AND DIPHTHERIA.

By ORREN SMITH, M. D., of Chicago.

Croup is usually defined to be an inflammation of the mucous membrane, lining the trachea. But it is not desirable or practical to make this close anatomical limitation to the location of this disease. As the inflammation, when commencing in this location, may extend upward to the lining membrane of the larynx, glottis, epiglottis, and the whole membrane lining the throat and fauces; and downward to the membrane lining the bronchia, to its minute divisions, and even of the air cell. And the inflammation may not stop here, but extend to the substance of the lung itself, or to the submucous tissue of the parts about the trachea and throat; making complications which are of importance to notice in the diagnosis and treatment; as they compass inflammations of the mucous, parenchymatous, and cellular tissue, with the modifications of symptoms, and lesions consequent upon the different localities and the laws of inflammation, when affecting such different structures. Nor is it necessary that this inflammation should always commence in the lining membrane of the trachea, for it may commence in the larynx or throat, and extend downward to the locality of croup, or it may commence below and extend upward to the same, and still give all the phenomena of croup with its different stages.

Croup, when not complicated with lesions of structures above named, is simply an inflammation of the mucous membrane of

particular *grades*, as I will attempt to show, and has nothing in its phenomena to authorize its being called *specific* in any acceptance of that term.

It is true, that when croup destroys life, it does so by producing asphyxia, and its consequent congestions and lesions; and these congestions and lesions are in no respect different from those which follow asphyxia from drowning or hanging, except they are more slowly produced, and the consequent congestions may be more strongly marked. It is very seldom, if ever, that the constitutional effects of the inflammation destroy life in croup. Therefore, it is the interference with the function of respiration which we fear, and should guard against. The same amount of inflammation may exist in the mucous membrane of the nasal passages, and be comparatively harmless, even when the membrane lining such passage is so much swollen as to perfectly close the passage, and respiration is performed through the mouth; and still we feel safe, because the blood may still be properly changed; and the constitutional effects are not sufficient to produce fatal lesions. But previously to the age of puberty, and this is almost always the age for croup, the parts about the trachea and larynx are not developed to that degree that they can bear to have the calibre of the trachea closed to any considerable extent without endangering life; and this is an age also when all inflammations are active and rapid in their phenomena and terminations. So that the rapidity with which this disease produces changes, is no evidence of any specific character. And the fatal character of the disease depends more upon this want of development, and the rapid pathological changes incident to the age of the patient, than to any thing peculiar in the phenomena of the disease itself. And it may be further added, that this disease observes all the phenomena which belong to inflammations in these structures, and none others.

And it is the different *stages* of common inflammation, and its complications with the several structures above named, that we should study to diagnose and understand, if we would treat croup successfully. And this leads me to inquire what are the stages of inflammation found in croup? I answer:—

First. The lowest grade of inflammatory excitement found in mucous membranes, one in which there is a want of the ordinary mucous secretion of the membrane involved, and being located about the chordæ vocales and organs of voice, in addition to dryness of the membrane, causes a spasmodic contraction of those parts, and imitates by paroxysms the true croup respiration. And in this stage some slight circumstance, like a change of the temperature of the atmosphere, or a drink of cold water, or warm tea, may so modify the action of the mucous membrane involved, as to restore secretions of a normal character, and carry the pathological action back to a physiological one; and with restoration of function, the spasmodic character may cease entirely, and the ordinary phenomena of catarrhal secretion completely restore normal conditions. This then would be known as spasmodic croup, and depends upon *both a low* grade of inflammation, and a location over parts liable to muscular spasmodic action. For if the grade of inflammation was high, the muscular tissue beneath would be to a greater or less extent involved, and we all know that muscular fibre when involved in inflammation, not only loses its power of spasmodic action, but the ordinary force of common contraction also. But when this low grade of inflammation is located about the larynx, we get this spasmodic warning early in the inflammation, and at a time when some slight indication, as before intimated, may restore the healthy condition. But it is, nevertheless, inflammation, and the spasm only a consequence, a symptom.

But if the early inflammation is located in the trachea, below the larynx, it may pass along unnoticed until the general symptoms of inflammation demand notice, or the parts become so changed by the force of inflammatory action and intensity of disease, as to make the second grade of inflammatory action, or true croup, as it has been called by writers.

This, instead of being a disease of trifling importance, becomes one of grave character, and demands for successful treatment clear and distinct ideas of its pathological character and therapeutic indications, and a knowledge or ability to distinguish when those indications are answered.

In this second grade of croup the inflammation is more intense, probably lower in the trachea, and of longer duration when we are first called to see the case, and the parts involved more changed by pathological action than we would find in the first grade of croup. Here the pulse becomes accelerated and hard, and this hardness of the pulse in all the early stages of croup, before congestions occur from the want of decarbonization of the blood, becomes one of the best criteria to judge of the case and its progress; for so long as the pulse continues *hard*, we have no positive evidence of the safety of the patient, even although the croup may for a time lose its peculiar croup character. When this grade of inflammation has continued a length of time, a secretion containing more albumen or fibrin than pertains to ordinary mucous, is thrown out of the vessels of the inflamed membrane; and is simply the result of the ordinary processes of inflammatory action, is common and analogous in all inflammatory actions of mucous membranes, whether in the nasal passages, trachea, stomach, bowels, or vagina. And we have its analogue in all those inflammations called phlegmonous in the cellular tissue, where something like this same material is thrown from the blood around the parts involved in the inflammation; also in acute rheumatic inflammation, and sub-acute or chronic; also in the earlier stages before the exudation becomes organized. In short, it is the effort of the system for repair, and the only fault with nature is, that the material for repair is thrown into a dangerous locality, because space for it can not be tolerated; hence, in cases where the inflammation is not severe enough to cause a sufficient amount of deposit to be thrown out to fatally block the trachea, the processes of nature are sometimes sufficient for a cure; and this is more common in children who are sufficiently advanced towards puberty to have some increased development of the trachea.

This second character of croup often creeps insiduously upon the patient, and is overlooked, or not appreciated, until the disease has made much progress; for the reason, as before stated, that it is wanting in spasmodic character, and beside, it often has an apparent remission in the morning and fore-

part of the day, and sometimes leads friends to think that the severity of the disease is passed when such is not the fact. The peculiar croup membrane, or diphtheric deposit, is dense in proportion to the severity of the inflammation up to a certain point of inflammation, beyond which we have another character of secretion and exudation, as we shall have occasion to notice. When this deposit is first thrown upon the inflamed membrane, it may have barely enough tenacity to adhere to the inflamed surface, but the air in respiration is passed hurriedly over it, and it loses continually its water of solution, hence, is continually growing denser from this cause upon the outer surface; while an increased and increasing inflammation makes it more dense upon the inner surface also. And when the membrane once begins to form, this process is to go on in this manner until life is destroyed, or the disease arrested by medication; or in some rare and favorable cases, as before intimated, where fortunate chemical changes take place in the deposit. As for instance, when a still higher grade of inflammation causes pus to be thrown between the fibrinous deposit and the inflamed membrane, thus separating and detaching the cause of danger; or perhaps this same result may be obtained by the long contact of the false membrane with the mucous surface, acting like a foreign substance to induce pus secretion. Cures have undoubtedly followed pus secretion from this mode of action, when the inflamed surface was not too extensive, or did not extend to the minute divisions of the bronchia. But this condition should never be aimed at as a method of cure.

The more extensive the seat of inflammation, the more dangerous does the disease become; and especially when it extends downward into the sub-divisions of the bronchia and air cells. In which case the disease requires the most active and energetic treatment which the patient can bear.

And the same when the inflammation extends to the sub-mucous or areolar tissue, whether the first of the inflammation is in the mucous membrane of the trachea, larynx, or fauces, or whether it commences in the areolar tissue, and extends to the mucous membrane, this complication is a dangerous one when not duly understood and appreciated, as is evidenced

by the every day occurrence of death from diphtheria, which is nothing more than an inflammation of the areolar tissue beneath the mucous membrane of the parts above named, of an erysipelatous character perhaps : whether it takes the erysipelatous character from the fact that the adjacent inflamed mucous membrane drains the blood of fibrin, or whether the inflammation is originally of the erysipelatous character, instead of the phlegmonous, is not my purpose to stop to inquire ; but rather to make such suggestions as may, if possible, tend to lessen the mortality attending this complication of inflammation, as well as of uncomplicated croup. For I certainly feel warranted in saying, that the mortality in either is generally of a much larger ratio than should be found in this age of medical science ; and its treatment should be based upon true pathological and therapeutic principles. When inflammation of areolar tissue about the throat occurs, especially if it be of the diffuse kind, it rapidly extends to the sheaths of large blood vessels and nerves of the part, and through these sheaths their contents must be more or less affected, and no physician need be told the importance of these parts to life, or the danger to the individual when they are subjected to active inflammation ; or of the rapidity with which such inflammation must destroy life. Hence those sudden deaths which occur in diphtheria are what might be expected when we see important parts involved in a rapid inflammation. The rapidity of the extension of the inflammation shows it to be of diffuse character, while the diphtheric deposit upon the mucous membrane shows the grade of inflammation, as I have before attempted to show.

It is also true, that if the inflammation is not too active, and the resistant powers of the constitution are pretty good, that this inflammation may continue until ulceration of the mucous tissue and sub-cutaneous tissue occurs, and thus constitute what has been called malignant ulcerated throat ; and in nothing differing from those laws of pathology which govern all cases of this kind of inflammatory action when located in parts so important. We could find the same grade of inflammatory action in the nose, in the rectum, and in the vagina, and feel no particular apprehension for the life of the patient, for the

reasons that the same exudation upon the mucous membrane of the parts would not destroy life mechanically, or its extension in their own immediate neighborhood find organs so delicate and important to life as the par vagum.

This, then, is always in the onset an active inflammation of a rapid and dangerous character, both from the intensity of the disease, and the importance of the secretion, and especially when diphtheritic deposit blocks the trachea: or the functions of the par vagum are invaded by acute inflammation. In the latter case it too often happens that the pulse, respiration, and vital functions simulate debility, or rather the nervous functions and power of the lungs, heart, and stomach are depressed, while there is enough of vitality of the sympathetic nerves to keep up the local inflammation which goes on to the destruction of life, while the vital powers seem feeble and exhausted, and indeed are so for the want of the full force of their accustomed nervous functions. Hence, we may get fatal congestions of vital organs as a result of enervation, dependent on the causes above named. But it is active inflammation. And when such a liability occurs, we are to treat both the local inflammation, and whatever there may be of congestion.

This being an active inflammation, is to be cured by remedies, and not watched and guided through a certain succession of phenomena like small pox, measles, and scarlet fever. But it requires active and adequate treatment. A treatment that is sufficient to arrest inflammation; and any antiphlogistic treatment which falls short of this result operates to exhaust the patient, without arresting the disease, and absolutely shortens the period of the patient's existence; when a more energetic treatment would comparatively free the patient from danger in both croup and diphtheria.

Nor is a tonic course to be tolerated in either, and it could just as soon be tolerated in croup as in diphtheria. Neither should the doctrine of specific remedies, or empiricism, be justified in any one in this enlightened age, when a rational pathology and its therapeutic indications are attainable by all who are fit to practice medicine. Indeed I would pity the man who treats either of these diseases by giving a remedy

because it is *good* in this disease ; who has an idea that certain remedies thrown into the system, will course the circles of circulation, and follow the nervous expansions to their ultimate termination, searching for the offending particles of disease as a ferrit searches for rats in a hay stack, and having found the offending material, proceeds by some *hocos pocos* arrangement to give battle ; be the particles of disease much, and of the remedy small, or *vice versa*, or with an idea that as the combat rages more remedy is to be thrown in from time to time, until it has searched and routed the whole disease from the system ; my credulity is not large enough to endow any remedy found in the materia medica with intelligence and discretion beyond what a physician ought to have. Hence, I take the ground that the physician should know the disease in its different stages of structure and indications of cure.

And the first indication is to arrest the force of, and equalize the circulation. Second, restore normal secretion of the mucous membrane, and all secreting organs.

The older members of the profession can remember when it was considered necessary to bleed for all active inflammations, and that the amount of blood taken was of less importance than the impression made on the general system, and to get the full effect of bleeding as an antiphlogistic, it was necessary to place the patient upright, and take blood in a full stream until approaching syncope was felt ; or in other words, suddenly abstract blood until the heart and muscular coat of the arteries failed to contract fast enough to keep that pressure upon the brain necessary to vitality ; and this was to be repeated again in a few hours if the pulse became hard, and a complete reaction had taken place ; and it was the extent of the impression made upon the brain and nervous functions—not the lessening of the quantity of the blood—that gave efficiency to the practice. It was the *enervating* effect that was sought by the remedy. With the march of improvement, since the resources of medication are better known, physicians do not find it necessary to bleed in active inflammations as formerly, and hence, even those who regard this as a highly inflammatory disease, have generally substituted some medication instead.

And although all, or nearly all, agree to lay aside the lancet in this condition of the mucous membrane; the profession are not agreed in the medication of this condition. Hence, the empiricism used in the treatment by those who would be aggrieved to be called *empirics*, and still they publish over their own signatures cures made by this and that remedy, leaving the full impression with the reader that the remedy knew more of the disease than the physician who prescribed it; and all that was necessary was to get a sufficient amount of the remedy into the system, and it would either like a chemical neutralizer destroy the disease, or the disease was invulnerable and not to be destroyed.

But if my premises are correct, we have a definite object to accomplish, and sufficient data and land-marks to know when they are accomplished.

The first then, may be the general enervation of the system to that degree necessary to arrest inflammation. And we all know that tartarized antimony possesses this power in an eminent degree; and to produce this effect of enervation it should be given in the manner indicated by the Italians, by the term "*tolerance*," not with a view to its emetic effect, for the reason, that when once you have got the stomach to reject medicine, you have lost all control of the disease by medication, if the case is a severe one; and so of cathartics. I have been called in consultation in bad cases of croup, and founded my prognosis entirely upon the fact of emesis or catharsis, having, or not having been induced, and can now recollect of no instance in which a judgment founded upon these premises was not sustained,—not that every case that is "puked" or "physicked" will die, because often either of these, or a less potent medication may arrest cases of mild croup in the incipient stages of the disease. In a bad case of croup, the antimony alone may not be sufficient to reduce the inflammation as speedily as may be desirable; in such cases we have an invaluable auxillary in the *veratrum viride*, a medicine which, when properly taken, operates directly to arrest the power of the nervous functions, and through this the force of the circulation. With these two remedies all inflammations of the air passages may be speedily

subdued, if given before the period of congestions from the want of proper changes in the blood.

The antimony, then, is to be given in a dose just short of nausea, and may be repeated in fifteen minutes if the case is an urgent one, and after two or three doses are given, it can be borne in three or four times its ordinary dose if necessary, and without emesis, provided fluids are sparingly used. Given in this way it is a powerful sedative: it breaks down and prevents the formation of fibrine in the blood, and causes a thin aqueous secretion to be thrown from the inflamed vessels, instead of the fibrinous one which forms the false membrane; and when this membrane is formed, detaches it by being exuded between the mucous membrane and the deposit. Thus this medication operates for a three-fold purpose: to arrest the formation of fibrine; to arrest the inflammation, and to detach the membrane when formed. And it only needs the argument of experience and careful observation to be convinced of these facts. And from three to six hours are usually sufficient to accomplish these results. When the false membrane is once formed, there may be two ways of getting rid of it: the one above named, and in this way may also be included the slower process where the inflammation subsides by a slower process, and this state of secretion takes place more slowly; and where the false membrane becomes softened by incipient decomposition, and its solution, or partial solution, in the secretions of the more healthy membranes around it. And the second is where the inflammation passes to a higher grade, and *pus* is formed after the false membrane is deposited, and this *pus* being formed on the surface of the mucous membrane, and in those emunctories which have thrown out the fibrinous deposit, necessarily detaches the membrane. And it is not improbable that a long continued contact of the false membrane with the inflamed surface, operates like any other foreign substance to induce a *pus* formation beneath it. And hence *natures* operations may be even here restorative, where the amount of deposit is not too large, or the trachea is large enough to tolerate the secretion, and the inflammation does not extend too far toward the air cells.

Most of those cases where the membrane is detached after several days, are probably of this class of pus detachment. In a case of croup in a child two or three years old, we may not unfrequently find the pulse hard and frequent, to the number of one hundred and fifty even; in these cases there is no definite dose of veratrum to be given, but only the effect of the remedy is to govern the dose, and that effect should be to bring the pulse to be *soft*, and ten to twenty less in frequency than the healthy rate, and when this is done, with these remedies carefully given and watched, the inflammation speedily subsides.

Different preparations of mercury have long been used in this disease, some specifically, some empirically, according to the physicians notions, or having no notions of the pathology of this disease. Judicious administration of the mercurials may assist to break down the fibrine of the blood, if needed, but they are less speedy in their operations than the remedies named for this purpose, and when any of the harsher preparations operate as *enervatives*, they do so by the *irritant* effect on the mucous membrane of the stomach, producing nausea; and not by any direct effect on the nervous structures and function as in the remedies named. Hence, although they, like a thousand other things, may cure croup, they are not a scientific legitimate prescription.

External applications are often used in croup with advantage, or disadvantage, according to the selections made. In croup, until the system is brought under the influence of remedies, the skin is dry, hot and harsh, and is in a pathological condition, and its removal is one of the steps toward arresting the inflammation. Perhaps nothing tends more quickly to induce the action sought than the "hydropathic warm bath," applied around the throat and upper part of the chest; to do which let some four or five thicknesses of common cotton cloth be wrung from very cold water so dry that it will not drip, spread smoothly over the skin above named, and cover quickly with cotton batting or wadding, sufficiently thick to keep the wet cloth warm; it speedily opens the pores, abstracts the heat, relieves the tension of the arteries, and is in fact a powerful antiphlogistic.

The snuff plaster, made of snuff and lard, has long been used in this disease, more as a popular remedy than one prescribed by physicians: perhaps when the skin is not too dry to absorb the strength of the tobacco, it has been of some use in enervating the system generally, and thus operate to some extent as an arterial sedative. It cannot be needed where the veratrum is used. Mustard, pepper, salt, or any other remedy which operates to stimulate the parts, does harm by constringing the already too tense vessels of the part; so of blisters, early in the disease. Warm applications about the throat are of doubtful value; they may, it is true, relax the skin, but they invite more blood to the part without any corresponding benefit.

The instances in croup which demand tracheotomy are of very rare occurrence; it can only be used where the obstruction is in the larynx, or when the loose diphtheritic deposit in the trachea is of such size or form as to prevent its being passed through the larynx.

And I can conceive of no condition which would justify me in opening the trachea for the purpose of medicated injections, when as good results can be more speedily obtained by general medication. And I am of the same opinion in the laryngeal variety of croup.

We have often an inflammation of the fauces, pharynx, larynx, and subjacent areolar tissue, called diphtheria, in which we have this same deposit of the results of inflammation upon the mucous membrane, while the inflammation is extended to the parts beneath. I apprehend there is often an error in making up the mind of the true pathology of this disease, for so long as the mucous membrane is in such a state of inflammation as to throw out the diphtheritic deposit, it is most certainly sthenic, or rather, inflammatory action, as in no other condition of the mucous membrane is this deposit thrown out; and I find it very *hard* to understand when the mucous membrane is in this particular and definable state of inflammation, how the contiguous areolar tissue can be suffering from asthenic action, or disease of debility; or in other words, how parts not one-fiftieth of an inch distant can be suffering, the one from

active inflammation, and the other from the want of even normal tone. Nor do I believe that such a condition ever exists. But that the sub-mucous tissue is affected with inflammatory action the same as the mucous membrane, and that the same treatment which is efficient to remove the inflammation of the one, will remove it in the other also. And so long as there is any tendency to the diphtheric deposit, there should be no doubt as to the sthenic or asthenic character of the disease. And it not unfrequently happens, that in a case which has a hard *small* pulse, one so small as even to make many doubt the sthenic character of the disease, that under the influence of the remedies above indicated the pulse becomes full, slow, and soft, with all of the consequent accompanying phenomena; while under a tonic course the pulse becomes harder and smaller as inflammation advances, until congestion of vital organs ensues.

In croup many depend upon the stimulant expectorants in the early stages; as upon the compound known through the country, and retailed from almost every druggist under the name of "Hive Syrup," a thing, which but for the emetic tartar it contains would be so obviously pernicious as to be universally discarded.

I would only add that the squills and seneka, and all like remedies, have no place in curing active inflammations of mucous membranes.

We have certain epidemic conditions of the circulating fluids which sometimes terminate in erysipelatous action; this erysipelas may show itself in the cellular tissue of the throat, or any other part, as of a leg or an arm; and is a malignant disease in which the vital powers of the part affected, rapidly, sometimes in less than twelve hours, pass into a state of gangrene and decomposition, with but a very short period of pain, and with but very slight general excitement. When in the throat it may be called malignant sore throat, and is quite a different thing from diphtheria.

In diphtheria we have an active antiphlogistic in the use of the solution of nitrate of silver, applied to the inflamed parts by means of the probang. The solution should be at least

twenty grains to the ounce; and after the skin is moist by the remedies before named, a few applications completely relieve the soreness and remaining inflammation by its power of lessening the nervous sensibility of the inflamed part, and contracting the congested capillaries to their normal condition.

The duration of diphtheric inflammation depends upon the character and efficiency of the treatment. If treated from the first with tonics and specifics, the duration may be for days and weeks. If treated as above indicated, a few hours suffices to arrest the inflammation, and a day or two more for its cure.

And with regard to debility—the bug-bear which has destroyed its thousands—there is none of it, so long as the peculiar diphtheric deposit is manifested, whether in the fauces, larynx, or trachea: and this deposit alone may be taken as evidence of active inflammation.

BENIGN CARTILAGINOUS TUMORS.

By E. ANDREWS, M. D.,

Professor of Surgery in Medical Department Lind University.

Mr. C.—, had a cartilaginous tumor upon the first phalanx of the thumb. When it had attained the size of a black walnut, it was excised by some practitioner, who not being aware that these tumors generally originate from the interior of the bone, simply shaved it off even, and closed up the wound. The consequence was a recurrence of the growth, which in a little time attained its original size. In this state it came under my notice, and I recommended a more thorough extirpation. This was accomplished by laying bare the tumor, cutting off the projecting part, and then gouging out the base which occupied the anterior and interior portions of the shaft of the phalanx. A considerable portion of the bone was thus sacrificed. The wound was then closed and healed by granulation, and the cure was permanent.

Case 2.—Mr. D.—, presented himself with a cartilaginous tumor upon the first phalanx of the index finger, of the size of a large hickory nut. I made an incision through the integuments and laid bare the tumor. It presented a beautiful illustration of the fact that these growths usually originate in the interior of the bone. It had projected from its nidus, carrying before it the periosteum, and derived from that membrane a delicate shell of bone as thin as an egg-shell. Upon removing the tumor, I found the interior to be pure cartilage, subdivided into lobules. The base of the tumor extended into the interior of the bone through an opening, and I was obliged to remove the whole anterior surface of the phalanx, and two-thirds of its thickness, before I could extirpate the cartilage completely. A good deal of inflammation followed, and a large abscess formed in the vicinity, but the result was favorable, and after several months no signs of a return of the tumor were visible.

These tumors generally make their appearance upon the anterior face of the phalanx. Hence, in the operation for removal, the flexor tendons are laid bare, and the wound will seldom unite by first intention; the tendons are entangled in granulations, and adhere to their sheaths. The motions of the second and third joints of the finger, therefore, will be impaired. In view of this result, it is scarcely worth while to recommend very early removal of the growth, unless it be found so situated that the extirpation can be accomplished without exposing the tendons.

CORRESPONDENCE ON TYPHOID FEVER.

PROF. DAVIS:

Dear Sir:—Permit me to address a few lines to you on the subject of an epidemic prevailing in this neighborhood. Ever since last September, *typhoid fever* was prevailing in a locality where heretofore disease was almost a stranger—one of the healthiest places in this western country. High rolling

prairie, at the edge of a beautiful grove, always dry, and no stream near, or anything else which might cause disease. The patients are mostly young persons, sons and daughters of good and substantial farmers, who were always healthy, and who live on good and wholesome diet. Those are the persons mostly affected.

The disease last fall and through the winter was of a regular typhoid character, and was easily controled—but few died. They generally ran from two to four weeks, and then slowly got well. I pursued the treatment which you pursued some five years ago, and with the very best success. Had some forty cases, and only three died.

But about the first of March, the disease took on another form, and about the half of the number who were attacked died in ten days after taking their bed.

The patient, before he takes his bed, complains of being chilly for several days, alternating with fever; also some headache, and aching in the bones. Bowels move four or five times a day. He now feels bad and takes his bed, and sends for a doctor. The doctor sees him; patient tells him he is not much sick—thinks he has no fever, (he looks rather pale and bilious.) But the doctor takes hold of his arm, and finds his pulse 120 to 130, and small; tells him to protrude his tongue, and he tries to protrude, but as often, perhaps, as he gets it out it goes right back, and is in a shaking motion all the time. Furred in the middle, with a heavy remittent coat; contracted at tip, and red around the edges. Bowels somewhat swollen, and perhaps a little tender to the touch; but not often that he complains of pain. The skin is dry and husky; sometimes sweats profusely, and extremities cold, and finger nails bluish; this may be the fourth or fifth day, and after that time the skin becomes hot and dry, and no sweating after that time.

There is also *subsultus tendinum*, and twitching of the muscles to a very great degree, and very restless; throws himself from one side of the bed to the other. If you ask him, well, how are you to-day? He replies sensible—well I don't think I am very bad, I feel comfortable; but is inclined to dose and sleep; is not much delirious through the day, if any, but some at

night. Sleeps a few hours, and then wakes somewhat confused; takes his medicine, lays down, and perhaps doses awhile again rather comfortable; and so he goes on from day to day. The attendants think often he is getting better, but about the tenth day suddenly the breathing becomes stertorous, and he dies in a few hours without a struggle. Often about the time they are dying they are vomiting black matter, something like coffee dregs.

I look upon this disease as not being the ordinary typhoid fever of the West. It is more malignant and more contagious. Whole families have it one after another—then it will affect the neighbors and those that watch with the patient. They are alarmed and so am I. The usual remedies will not be effectual, and nothing else that I called into requisition seems to have any special influence over the disease. Will you please tell us what to do.

Yours truly,

J. A. BRENNEMAN, M. D.

Davistown, Stephenson Co., Ill. }
March 10th, 1860.

Remarks.—It is always difficult for the practising physician to form a satisfactory opinion concerning the special character of any given case or series of cases of disease from a written description. No language can convey an adequate idea of the physiognomy, the attitude, the movements, etc., of the patient; yet a just appreciation of these is often essential to the formation of a correct opinion. From the symptoms detailed in the foregoing letter, and the high ratio of mortality, it is evident that the disease described is something different from simple typhoid fever. The description reminds us of what some of the older writers called “congestive typhus.” If we might venture an opinion in reference to the nature of the cases described by Dr. Brenneeman, we should say that they were characterized by the co-existence of two prominent and serious pathological conditions.

The first consists in a highly congested condition of the mucous membrane of the intestines, as indicated by the appearances of the tongue, the early diarrhœa, and the subsequent

tender and tympanitic state of the abdomen. The second and co-existing pathological state consists in early and profound depression of the functions of the organic or ganglionic nervous system, indicated by the paleness of the countenance, the small quick pulse, tremulous tongue, and more or less general sub-sultus.

The existence of the latter pathological condition not only favors the early and extensive softening of the mucous membrane of the ilium, but also greatly favors the early supervention of a *latent* pneumonic engorgement of the lungs. And we are inclined to think that it is by one or the other, or both of these lesions, that the fatal result was reached in so large a proportion of the cases. When the functions of the ganglionic nervous system are much depressed, passive engorgements often occur in important organs, and even determine a fatal result, without being indicated by any of those symptoms which usually accompany the more active congestions of the same structures.

The impaired susceptibilities of such patients very much diminish the acuteness of pain and the consciousness of local disease. From these pathological views we may deduce two leading and important indications for treatment. The one calls for the employment of such remedies as are calculated to allay the morbid sensitiveness, and arrest the tendency to disorganization of the mucous surface of the intestines. The other demands the use of such agents as tend to support the functions of the organic nervous structures, and maintain the vital affinities in all the tissues.

For accomplishing the first, we know of no remedy that proves efficient in a larger proportion of cases, than the combination of Oil of Turpentine and Tincture of Opium, given in the form of an emulsion. It is most easily administered, and least likely to offend the stomach, if prepared as follows :

℞	Ol. Terebinth,	3 ii.
	Tinct. Opii,	3 ii.
	Pulv. G. Acaccia,	} aa. 3 iii.
	Sacchar. Alba,	

Rub together thoroughly, and add Aqua Mentha, 3 ii. Shake,

and give a fluid drachm every two, three, or four hours, according to the looseness of the bowels.

For accomplishing the second indication, we rely much on small doses of Quinine, and full doses of the Chlorates of Potassa and Soda. From one to two grains of Sulphate of Quinine, with eight or ten grains of the Chlorates, may be given between each dose of the emulsion. In all such cases of low grade of febrile disease, as described in the foregoing letter, in which the intestinal evacuations are thin and more frequent than natural at the commencement of the disease, we resort to the foregoing remedies early, and carefully abstain from all direct evacuants.

If the skin and conjunctiva are yellow, and the stools clay-colored, indicating an actual retention of the biliary secretion, we would give from one to two grains of Calomel in each of the first four or five doses of the emulsion.

The Quinine and Chlorates, by preserving the blood from degeneration, and increasing its capacity for absorbing oxygen in the lungs, more directly and efficiently sustains the action of the organic nervous structures, and promotes the susceptibility of all the tissues, than any of the so-called diffusable stimulants. While the Oil of Turpentine not only acts locally with the laudanum to lessen the irritability, and increase the tone of the capillaries of the intestinal mucous membrane, but it exerts a well-known sustaining influence over the whole vascular system, such as strongly counteracts passive congestions. Of course the foregoing are mere hints; and whether they are applicable in any degree to the fever prevalent in Dr. Brenne-man's neighborhood, could only be determined by a careful personal examination, rationally and *physically*, of the cases as they occur.—[ED. OF THE EXAMINER.]

"CONCENTRATED ORGANIC MEDICINES."

By V. L. HURLBUT, M. D., Chicago.

The object of this article, is to invite the attention of the members of our profession to the "*Concentrated Organic Medicines*," as prepared by B. Keith & Co. I have used these remedies to some considerable extent in my practice—as have others—and they have proven, in every instance, all that is claimed for them. They are *positive in therapeutic power, uniform in strength, prompt in action, and always reliable*. This cannot be said of the Crude articles, nor of the "Fl. Exts.," which I presume all have used more or less, and usually with unsatisfactory results, for very obvious reasons, which every intelligent physician understands.

Although not condemning the use of mercury in toto, ourselves, yet, we all know that there is a deep-rooted prejudice against it, which we have to combat almost every day, and if there is a substitute which will accomplish all that the mineral can, without leaving any of its evil consequences, it would seem to be wise and humane to avail ourselves of it. Furthermore, the plants, flowers, and shrubs, from which these medicines are derived, are indigenous to our soil and climate, which pointedly indicates that nature designated their use in the diseases incident to our climate. We should not disregard the simplest teachings of the ancient mother, for her wonderful arcana has furnished the materials from which science has elaborated the manifold remedies for the legion of fleshy ills which are our heritage. It has doubtless been the indiscriminate and excessive exhibition of mercury, which has caused so many persons to seek a different method of treatment for themselves and families, and surely the profession should keep pace with the people; for of all classes of men, the medical should be characterized by the most enlarged liberality; for no other assumes such fearful responsibilities; they constitute themselves *conservators of health*, consequently of *life*. We that have assumed this position, should better understand and appreciate the near compatibility of "*Organic Medicines*," with the functions of

organic life, and not be so wedded to an *ism* as to be blinded to all light and truth that does not descend in the direct line from Hippocrates. As a profession, we are too apt to be severe in our judgments upon any and everything that may chance to have originated in our own country, and particularly so, if introduced by a sect other than our own; but let the same thing emanate from the "*East*," bearing the prestige of antiquity, and we are very willing to give it at least a fair trial before condemning it.

I do not propose to discuss the *modus operandi* of the "organic remedies," but honestly wish that all our members would give them a thorough and impartial investigation. In expressing this wish, I am prompted by no feeling other than earnest desire—in which I believe you all sympathize—to promote the best interests of our common humanity.

A CASE OF POISONING AND RECOVERY FROM THE USE OF VERATRUM VIRIDE.

By N. O. PEARSON, M. D., Palestine, Ill.

As the *Veratrum Viride* is attracting considerable notoriety in the profession as a therapeutical agent, I shall give the history of a case of poisoning from its use. Mr. G. I., aged 35, of the nervous bilious temperament, and good constitution, was attacked Aug. 27th, 1858. Called to see him two hours from onset of disease.

Diagnosis.—He presented many of the symptoms of an ordinary acute attack of bilious fever—in fact I regarded it as such.

Treatment.—I first administered a tea-spoonful of the following:

R	Tinct. <i>Veratrum Viride</i> ,	3 ii.	
	Spts. Nit. Dule.	} a.a.	3 i.
	Tinct. <i>Opii Camph.</i>		

Mix. To be given every two hours until fever partially subsided, subsequently every four hours until entirely arrested.

But by mistake on the part of the nurse, it was given every half hour, until three doses were taken.

I was called again to see him six hours from the commencement of treatment, and found him presenting the following symptoms: Great prostration, with continual retching and vomiting; matters vomited white mucous; pulse 24 per minute, full and intermitting every sixth or seventh beat, indicating that the action of the heart was interfered with; respiration slow and laboring; body bathed in a cold perspiration. The cerebral functions were but little disturbed—the mind being clear. He remained in this condition six hours, at the end of which time reaction began to be established.

Treatment during Paroxysm.—Large doses of the emulsion of Carb. Ammonia, Opium, and its preparations, were alternately resorted to, together with stimulating applications and frictions, sinapisms of mustard, and hot rocks to the extremities.

Remarks.—Knowing that opium and its preparations are claimed as being antidotes in these cases, I availed myself of their administration in the most prodigal manner. How far they acted in correcting the poisoned condition of the system I cannot say. This case was undoubtedly caused by poisoning by veratrum viride, and should teach us to be very cautious in the use of so powerful a remedy. My direction in giving it as a sedative is this: to continue its use every one, two, or three hours, until it produces a livid hue of the cheeks; afterwards gradually diminish or entirely suspend it.

One thing worthy of note is this, that notwithstanding the amount of opium used, the patient had a free bilious evacuation from the bowels, and recovered without any other treatment whatever. Whether nature cured the disease, or the veratrum viride cut it short, I will leave the profession to judge.

CLINIQUE BY PROF. N. S. DAVIS IN THE MEDICAL DEPARTMENT OF LIND UNIVERSITY.

Saturday Afternoon, April 4th, 1860.

Case 1st. *Impetigo of the Face.*—This is a child, aged

about 5 years, light complexion, and delicate features, though not emaciated.

She complains of no sickness, but has an unpleasant eruption over the face, which you see existing in patches; one in front of the left ear, one on the left eye-brow, and one on the nose, with some isolated sores in the intermediate spaces. All the patches are covered with thick light yellow scabs, which have evidently been formed by the drying of matter, and the edges of which over-lap the sound skin, and somewhat obscure the original character of the eruption. These characteristics, however, are easily recognized in many of the isolated sores between the patches. Each of these are seen to consist of a slightly elevated base, surrounded by an areolar redness, in the centre of which is a flattened pustule, filled with pus.—They are thus seen to consist of regular pustules of impetigo. This form of eruption generally attacks children, who have been debilitated by previous disease, or with whom good food, clothing and cleanliness have been more or less neglected. In many cases each pustule passes through its successive stages to complete development in five or six days, becomes covered with a dry scab, which in three or four days more falls off, leaving a pale red cicatrix. In other cases, connected with more decided constitutional derangement, the pustules after coming to maturity, instead of cicatrizing, remain as superficial ulcers, the matter from which constantly drying up, increases the size and thickness of the scabs, until they present the large, thick, light brown color, as seen in the present case.

Treatment.—Many cases of this form of eruption, need no other treatment than a proper regulation of diet, and attention to cleanliness. When the disease has been more protracted, and the pustules continue to appear in successive crops, with but little disposition to cicatrize, some degree of medication becomes necessary. What this shall be depends entirely upon the condition of each individual patient; there being no *specific* remedies for this form of cutaneous disease. In the case here present, we find the tongue coated, the bowels inactive, and the appearance of a moderately scrofulous disposition. We shall consequently direct for her a powder of Pulv. Rhei 3 grs.,

and Hydrarg. Cum Creta 2 grs., to be given every night for three successive nights; after which she may take 15 gtts. each of Fluid Ext. of Cinchonæ and of Rheubarb, before breakfast and dinner each day. The object being to produce such a state of the secretions as will expel from the system all foreign and effete material, and to restore a vigorous and healthy action of the digestive organs. Locally, no applications should be made except such as are emollient or directly sedative, unless the scabs fall off, leaving superficial ulcers without any disposition to granulate. In the latter condition, the application once a day, of the solution of Sulphate of Copper, or Sulphate of Iron, of the strength of 4 or 5 grs. to the ounce of water, will often do good. In no case should any of the various stimulating unguents be applied to pustules of impetigo. We have often seen the disease greatly aggravated by the application of Sulphur, either dry or mixed with Cerate. Indeed, it is often produced by the too free use of this article for the cure of Scalies.

Case 2. *Apathæ and Bronchitis.* This is a child 18 months old; fleshy, but with a pale and anxious expression of countenance. The mother says it has had a severe, harsh cough, with some fever, during the whole of the past week. The respiration is short, and accompanied by a coarse mucous ronchus. The fever is much increased every night, and is nearly absent during the morning hours. The pulse is quick, and the tongue covered with a whiteish fur. The mucous membrane of the mouth is more red than natural, and contains several inflamed and ulcerated follicles. It is evident from the harshness of the cough, the mucous ronchus, and the shortness of breath, that the child has a sub-acute grade of bronchial inflammation. And a similar grade of inflammation extends to the mucous membrane of the fauces and mouth. The paleness of the lips and features, with the distinctly paroxysmal character of the fever, shows the addition of another influence which must not be overlooked. During the last two or three weeks, cases of this kind have been of frequent occurrence in this city; so much so as to constitute a moderate epidemic. The attacks among young children have been much the most numerous, though no age has been exempt.

It differs from ordinary simple bronchitis or catarrhal inflammation of the respiratory passages, in the fact that the fever accompanying the cases is almost uniformly remittent in its form, and often bears no strict relation either in its continuance or severity to the grade of the local inflammation.

Gastric and intestinal irritations are also common accompaniments, giving rise to vomiting, diarrhœa, and sometimes to well-marked dysenteric discharges. Owing to these conditions, the ordinary anodyne expectorants so generally resorted to with success in simple catarrhal bronchitis, have almost uniformly failed to relieve these cases, unless used in conjunction with anti-periodics and alteratives. Hence, we shall prescribe for this child as follows, viz :

℞ Sulph. Quinine,	4 grs.
Pulv. Doveri,	4 grs.
Hydrarg. Cum Creta;	4 grs.
Sacchar. Alba,	20 grs.

Mix and divide into four powders, one of which should be given every six hours. Also,

℞ Fluid Ext. Asclepias Tub.	℥j.
Syrup of Ipecac,	℥j.
Tinct. Opii et Camph.	℥j.

Mix and give 30 gtt. every six hours, alternated with the powders.

After the four powders are taken, we will continue for one day longer the Quinine and Dover's Powder without the Hydrarg. Cum Creta. For the aphthæ in the mouth we will direct a solution of Chlorate of Potassa, one drachm to three ounces of water, to be used as a gargle.

Case 3. *Asthma*.—This patient is a laboring man, native of Ireland, aged about 55 years. He says he has been afflicted nearly all the past winter with a severe cough, and so much difficulty of breathing during the night as to prevent his taking a recumbent position, and to deprive him of refreshing sleep. You can observe that his face has a slightly bloated aspect; expression sad, and the respiration constantly labored and wheezing. In addition to the constant dyspnœa, he has paroxysms of very great difficulty, when he feels such a sense of suffocation as to be very distressing; and the blood becomes so

imperfectly decarbonized that the lips are livid, the nails leaden color, and the whole countenance bloated and dingy. At the same time the skin becomes cool, relaxed, and covered with perspiration; the pulse small and compressible, and the mind dull.

These paroxysms last from one or two hours to a whole night, and constitute what is commonly called Asthma or Phthisic. But Asthma is no more a disease than dropsy; but merely a symptom depending on some preceding and accompanying pathological condition. This pathological condition may be an organic disease of the heart, by which the circulation of blood through the lungs is disturbed; or it may be a simple morbid condition of the nervous filaments distributed upon the bronchial tubes, by which temporary spasmodic contractions are induced; or it may be a certain grade of inflammation in the bronchial mucous membrane. Hence, when a case of asthma comes before us, the first inquiry must be, what is the special pathological condition on which the paroxysms of dyspnoea depend? This can be answered properly only by a careful examination both in regard to the general symptoms and physical signs. In this patient neither auscultation nor percussion indicate any disease of the heart; but by extending the same kind of examination to the whole chest, we find over the anterior part of both sides a loud, harsh, inspiratory murmur, with a very prolonged wheezing expiratory sound; but neither dulness on percussion, nor broncophony.

Each member of the class in auscultating the chest of this patient, cannot fail to receive the impression that the bronchial mucous membrane is rougher and dryer than natural, and that the air escapes from the lungs with difficulty, as though escaping through tubes both contracted and dry. All this shows the existence of extensive bronchial inflammation, of that peculiar chronic grade which causes a morbid sensitiveness of the surface, with sufficient thickening of the membrane to narrow the calibre of the tubes, and diminished secretion. The absence of dulness over any part of the chest, proves the pulmonary tissue to be free from unnatural density, and consequently free from either tubercles or pneumonia. The indications for

treatment in this case are, to promote an increased secretion from the mucous surface, and to allay the morbid sensitiveness of the nervous filaments connected with the inflamed membrane. The first, by relieving the fulness of the capillaries in the mucous membrane, would lessen the obstruction and the dryness, while the second would prevent those paroxysms of spasmodic action which constitute the distressing periods of dyspnoea. To accomplish both these objects, we shall direct this patient the following:

℞ Tart. Ant. et Pot., 2 grs.
Pulv. Opii, 10 grs.
White Sugar, ℥ii.

Mix and divide into eight powders. Give one powder each morning, noon, tea-time, and bed-time. If after these are all taken the bowels are constipated, we shall give a blue pill, followed by castor oil, sufficient to operate as a mild cathartic. Then give a mixture of Fluid Extract of Lettuce, ℥ii, and Fluid Extract of Lobelia ℥i, in doses of a tea spoonful four times a day. Numerous other combinations might be selected from the numerous expectorants and anodynes embraced in the materia medica, which would be calculated to accomplish the same objects, but we have not time to particularize them at present. The patient should avoid stimulating drinks, and rich or highly seasoned articles of food; and should wear flannel next to the skin. At this clinique, there was presented to the class one case of Tubercular Phthisis; one of intermittent, and another of remittent fever; but our space will not admit a report of these at present.

CLINICAL REPORTS.

Meicy Hospital. Service of Dr. N. S. DAVIS. Tuesday, April 24th, 1860.

MALE WARD, No. 1.

Case 1. *Broncho-Pneumonia*.—This case was brought to the notice of the class, and fully examined on Thursday last, which was the next day after his admission to the Hospital.

You will remember that his expression of countenance was then anxious and depressed; his breathing labored, with a dry wheezing ronchus; his pulse about 90 per minute and firm; tongue slightly coated with a white fur; and he complained of some nausea, with pain in the cardiac region; a sense of constriction across the chest, and a harsh severe cough, with very little expectoration. You will recollect that on examining him with the stethoscope, you found the respiratory murmur much exaggerated, with a prolonged dry ronchus in expiration over both sides of the chest, except in the mammary and axillary regions of the left side, in which there was strongly marked sub-crepitant rale. The patient then told us that he had been sick with cough, difficulty of breathing, and pain in his chest for two or three months.

We then expressed the opinion that the patient was laboring under a Chronic Bronchitis, by which the bronchial mucous membrane had become thickened, its secretion diminished; and on which had supervened a pneumonic congestion of the middle and lower lobes of the left lung. To relieve these pathological conditions, we then directed for the patient a powder composed of Pulv. Opii $1\frac{1}{2}$ grs., Tart. Ant. et Pot. $\frac{1}{8}$ gr., and Hydrarg. Chlorid. Mit. 1 gr., to be given every three hours. He continued these two days, during which time his cough became less severe; expectoration more free; and the pain and tightness in the chest much diminished. The powders were then discontinued, and the following mixture given in their stead:

R Comp. Honey of Squills. Senega and Ant.	$\frac{3}{4}$ i.
Tincture of Opium and Camphor,	$\frac{3}{4}$ ii.
Tincture of Veratrum Viride,	3 i.

Mix, and give a tea spoonful every four hours.

This he has continued until the present time. You now observe no difficulty of breathing while he is at rest, and on applying the stethoscope to the chest, you find no prolonged dry wheezing ronchus on either side, and there is only a slight trace of the sub crepitant rale in the left mammary and axillary regions. The latter regions still show slight dulness on percussion, and the proper inspiratory murmur remains somewhat exaggerated over the infra-clavicular regions. He coughs but

little, and expectorates a thick opaque mucus. It is thus seen that the condition of the pulmonary organs is greatly improved.

On further inquiry we find the patient has frequent pains in the abdomen; a desire to pass urine oftener than natural, with some scalding; and the intestinal discharges, though not more than one or two in the twenty-four hours, yet are watery and unhealthy. The pulse remains a little accelerated and firm. These symptoms indicate a very general irritation of the mucous membranes throughout the system; and may account for the continuance of a *firm* pulse, while the general aspect of the patient is that of debility. The desire to urinate often, with scantiness of that secretion, also suggests the possibility of albuminuria, or Bright's disease of the kidneys.

The latter affection sometimes comes on very insidiously; producing mental despondency, indigestion, cardiac palpitation, and sometimes pulmonary congestions, with so little direct disturbance of the urinary organs, that neither the patient nor his physician suspects the true nature of the case. So true is this, that in all cases of protracted ill-health, or the frequent repetition of attacks of local symptoms without a manifest cause, the practitioner should not only make the usual general inquiries in regard to the urinary secretion, but should subject it to such chemical and microscopic tests as will determine positively its composition and qualities. Hence, we shall have some of this patient's urine saved to-morrow morning for examination, the results of which we will inform you at the next clinique.* At present we will omit the expectorant and sedative mixture which has been given during the last three days, and give something better calculated to allay the general irritation of the mucous membranes, and to promote a more free and diluted secretion from the kidneys. For these purposes we shall direct the following:

R	Pulv. Gum Benzoin,	3 ii.
	Tinct. Opium,	3 i.
	Pulv. G. Arabac, }	aa. 3 iii.
	White Sugar,	
Rub together thoroughly, and add		

* On examining the urine before the class the next clinic morning, it was found to contain both an excess of Phosphatic Salts, and a quantity of Albumen.

Syrup of Ipecac,	℥ i.
Mint Water,	℥ i.

Mix, and give a tea-spoonful every four hours. Also,

R Spts. Nit. Dulc.	℥ ii.
Tinct. Digitalis,	℥ ss.

Mix, and give a tea-spoonful every four hours, alternated with the emulsion. We direct the Benzoin in the emulsion for this patient instead of Oil of Turpentine, because it is less apt to produce nausea, and is almost as reliable in effects on certain morbid conditions of the mucous membranes.

The further progress of the case will be made known to you when you visit the Hospital again.

Case 2. *Sub-acute Rheumatic Inflammation of the Diaphragm.*—This man, aged about 30 years, a laborer, was admitted to the Hospital yesterday. He says he has been subject to pains in his right side for a few days at a time, for the last two years. Though generally located near the lower margin of the ribs, it sometimes changed to the shoulders, and sometimes to the left side. It has not usually been accompanied by fever or cough, and has seldom been sufficiently severe to prevent ordinary labor. Six or seven days since it commenced as usual in the right side, but in a day or two changed to the left, and became unusually severe. In that place it has continued until the present time. His pulse is now 85 per minute, moderately full; his tongue covered with a whitish fur; his skin dry, and slightly warmer than natural; his bowels inactive; his breathing short, with an inclination to dry cough, which is suppressed as much as possible on account of the great aggravation of pain which it induces. The pain at present is located in the region of the attachment of the diaphragm to the ribs from the left side of the spine to near the sternum, and is very greatly aggravated on attempting to take a full breath, or coughing, or making considerable movement of the body in any direction. The pain is also increased at night.

The severity of the pain, its increase by respiration and coughing, and its location in the side, would readily lead to the supposition that the patient had pleuritic inflammation.

While the fact that pains had long existed in the opposite side, changing occasionally to the shoulders and other parts; and that the present attack commenced in the right side; would rather indicate rheumatic inflammation of the diaphragm. Perhaps auscultation and percussion alone can enable us to form an exact differential diagnosis. If pleurisy existed in its first stage we should hear a friction sound on applying the ear or stethoscope to the affected side; if in the second stage accompanied by effusion, we should have either a continuance of the friction or creaking, or decided dulness with absence of respiratory sound, according to whether the effusion was plastic or serous.

On the other hand, if the case be simple rheumatic inflammation, we should find none of these physical signs, but the natural respiratory murmur and the natural resonance, down to the diaphragm. After making a physical exploration, the latter was found to be the case; and consequently that the patient was affected with sub-acute rheumatism in the left portion of the diaphragm. Believing this to be the true diagnosis, we shall prescribe for the patient this morning as follows:

R. Vinum Calchici, ℥ i.
Tinct. Cimicifuga, Rac. ℥ ii.

Mix, and give a teaspoonful every four hours. And at bed-time give a powder containing Pulv. Opium 2 grs., Nit. Potassa 10 grs., and Calomel 1 gr. If the latter does not cause the patient to sleep in two hours, repeat the dose.

The object is to increase all the excretory functions; especially those of the skin and kidneys; and so far destroy the pain as to enable the patient to sleep during the night.

CHICAGO ACADEMY OF MEDICAL SCIENCES.

Regular meeting, April 6th, (Friday) 1860.

The minutes of the last meeting were read and approved.

Dr. C. G. Smith, presented a specimen of Schirrus of the

Pylorus for the inspection of the Fellows present. He was unable to give any history of the case.

Dr. V. L. Hurlbut read a paper, urging upon the Fellows of the Academy the propriety of giving a fair trial to the "active principles of medicinal plants, as prepared by B. Keith & Co.," stating that he had used them with success.

Dr. Bevan inquired if among the active principles there was any article which could be substituted for the preparation of mercury, especially in the treatment of venereal diseases.

Dr. Hurlbut replied that there were articles which produced the effects of mercurial preparations, instancing Podophyllin, Leptandrin, and a few others. In the treatment of venereal diseases, he used the Stillingia and Phytolacca.

Dr. Graham said that he had used these remedies to some extent, but that in his hands they had not accomplished what was promised for them. Podophyllin when used in the doses laid down in Keith's manuel, almost always produced unpleasant nausea and griping.

Dr. Hurlbut said that he had met with no unpleasant effects from the use of Podophyllin; he rarely gave more than a quarter of a grain at a dose, unless he wished for a decided cathartic effect, and usually combined it with the Asclepin. Another remedy which he considered very valuable was the Gelseminum, in doses of not more than half a grain; he considered it preferable to the preparations of opium, in that it left no unpleasant effect. Before using any of these active principles, it was necessary to neutralize any acidity of the stomach that might be present.

Dr. Blake had seen a paper by Prof. Kirtland, in the *Cleveland Medical Journal*, in which he stated that he had used Podophyllin and Leptandrin almost to the exclusion of Mercury. Dr. B. had used them successfully himself.

Dr. Wickersham thought that Prof. Kirtland used them only in cases of torpidity of the Liver.

With reference to Prof. Kirtland's paper, Dr. Ingalls stated that the Ohio Medical Society, discrediting, had refused to publish it.

On motion, the paper of Dr. Hurlbut was referred to the Committee on Materia Medica.

Dr. Hamill read a paper (a continuation of one presented at the last meeting) on Sulphate of Quinine and some of its effects.

Dr. Holmes inquired whether any attempt had ever been made to ascertain the amount of moisture thrown off by the human lungs.

Dr. Hamill thought not.

Dr. Bloodgood had read somewhere that the amount of moisture thrown off by insensible perspiration was five pounds in twenty-four hours.

Dr. Ingalls thought it was not safe to assume that there was no moisture thrown off by the skin during fever, because the skin was hot and dry; he thought that there was insensible perspiration.

Dr. Jones asked if Dr. Hamill ever considered Quinine a sudorific.

Dr. Hamill thought that the perspiration usually following its administration was not an effect of the quinine.

Dr. Bevan had never seen any legitimate tonic effect follow the use of Quinine; he had never known it to have any effect on night sweats even; he considered its effect wholly anti-periodic, and agreed fully with the views of Dr. Hamill.

Dr. Freer expressed his concurrence with the views advanced by Dr. Hamill, as far as related to the practical application of the remedy.

On motion, the paper of Dr. Hamill was referred to the Committee on Practical Medicine.

Dr. Bevan reported a case of Diphtheria; he thought the disease should be treated with general and local anti-phlogistics, notwithstanding the high authorities for an opposite course.

Dr. Byford had seen three cases of diphtheria during the year; he thought that in the treatment of this and similar inflammations, too much stress had been laid on the use of tonics; that it was better to begin the treatment with antiphlogistics, and end by supporting the patient, if necessary. He considered general treatment more important than local applications.

Dr. Freer had seen one case almost identical with that reported by Dr. Bevan. His treatment was the local applica-

tion of Chlorate of Potash and Muriatic Acid every two or three hours, and the internal use of Chlorate of Potash slightly acidulated with Muriatic Acid. The child improved under the treatment, but relapsed in a few days and sunk, with passive hæmorrhage from the bowels. He inquired if passive hæmorrhage was usual in these cases.

Dr. Graham had seen passive hæmorrhage from the nose in two fatal cases. He thought that an antiphlogistic treatment was sometimes necessary in this disease.

Dr. Bevan next reported a fatal case of spasm of the glottis. The only symptoms during life were an occasional interruption of respiration, with slight crowing sound.

Dr. Byford had attended a case a year ago, similar to that reported by Dr. Bevan, except that the crowing respiration was absent.

Dr. C. G. Smith had attended a somewhat similar case, which resulted in laryngismus stridulus. The child after presenting all the symptoms of asphyxia would entirely recover, and continue well for some days, when the spasms would recur. All the anti-spasmodics were used without success. The case passed out of his hands, and he learned afterwards, died in one of the spasms.

Dr. Bevan considered the anti-spasmodics utterly useless in these cases of eclamptic disease. He never found them of any benefit, except where a hysteric tendency was manifested.

The two reports of Dr. Bevan were referred to the Committee on Pathology.

Dr. C. G. Smith read a letter from Dr. Geo. D. Wilbur, of Mineral Point, Wisconsin, which accompanied a package containing a human stomach and liver, and in which the writer requested a report of a microscopical examination of the specimens.

On motion the specimens were referred to the Committee. The Corresponding Secretary was instructed to inform Dr. Wilbur that they had been so disposed of, and to request a history of the case from which they had been taken.

On motion, the President appointed Drs. Rauch, C. G. Smith, Blake, and Bevan, delegates to the State Medical

Society. Drs. Johnson, Ingalls and Rauch, were elected delegates to the National Convention for the revision of the Pharmacopeia.

On motion, adjourned to meet on Friday evening, April 20.

(Signed)

WM. SCOTT DENNISTON,
Assistant Secretary.

BOOK AND PAMPHLET NOTICES.

GROSS' SYSTEM OF SURGERY. By Samuel D. Gross, M. D. Published by Blanchard & Lea, Philadelphia.

The high reputation of the author of this work on Surgery, together with its imposing and elaborate form, challenge for it a careful consideration. The work consists of two volumes of about twelve hundred pages each, and is divided into two parts. The first contains a discussion of the general topics of surgery, such as congestion, inflammation, tumors, wounds, etc. The second, and larger part, consists of special surgery arranged by organs, tissues, and regions. The whole is illustrated with about nine hundred wood cuts.

This work is intended to be the most complete system of modern surgery which has been published on this side of the Atlantic. For such a work Dr. Gross has some peculiar qualifications, as well as some minor defects. He has industry, a vast experience, and a power of grasping Titan-like at the summits of his subject without losing himself in the discussion of unnecessary details. His style is sonorous and strong, but sombre and unmusical. It is disfigured also by a few unusual words, such as "timously" and "sakelessly," which are scarcely English, and not euphonic enough to deserve preservation in the language.

The great merit of the work may be stated as follows. It presents surgical science as it exists at the latest date, with all its improvements; and it discusses every topic in due proportion. Nothing is omitted, nothing is in excess.

Particular praise is due to the chapters on the surgery of the eye. In this department specialism has run mad. Authors have swelled their volumes with crude details, and distinguished themselves by the disgusting pedantry of a profession of useless technical terms, literally darkening counsel by words without knowledge. Excessive technicality indicates in a writer two grave defects—ignorance and a shallow intellect. It is the mark of a great mind to master a subject in such a way as to express it in simple language. This mark, Prof. Gross may justly claim. He has stripped away with a relentless hand the miserable collection of pet words which he found enveloping the subject, and by expressing himself in common surgical language, has restored this branch to its proper position. His bold simplification will greatly facilitate the study of the subject by under-graduates, and we hope lead practitioners to attend to their ophthalmic business as confidently and usefully as they do to fractures and dislocations, instead of turning it off to unprincipled quacks.

Whoever expects to find in this work brilliant displays of new discovery, or fine efforts at analysis and reasoning, will be disappointed. Dr. Gross' mind is remarkable rather for strength and cautious judgment than acuteness. The book before us is such as might be expected from such a pen. It omits nothing which is well established, and endorses nothing which is at all doubtful. It is therefore a safe and valuable guide, which will not lead the young surgeon into the pursuit of any wild theories, or doubtful practices.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By FRANK HASTINGS HAMILTON, Prof. of Surgery in the University of Buffalo, etc. BLANCHARD & LEA, Philadelphia.

This is almost the only modern work in the English language which can claim the title of a systematic and full treatise upon dislocations and fractures. Its author is already favorably known in the professional literature of this country. His Fracture Tables, published some years since, giving laborious statistics on the subject of fractures and their results, probably furnish effectual defence to more cases of malpractice perse-

cution than anything that has ever been printed. Indeed the mania for malpractice suits visibly diminished from the time that Dr. Hamilton's work made its appearance in the courts.

The present effort is not statistical, but is intended for a systematic treatise. About five hundred pages are devoted to fractures, their causes, symptoms, treatment, and the apparatus therefor. Two hundred and fifty pages are then assigned to the various dislocations. The whole is illustrated by two hundred and eighty-nine wood cuts.

The illustrations of different kinds of apparatus and dressings are very numerous and valuable, and the clear description of the methods employed are of the utmost use to any one who desires to familiarize himself with this subject.

A work like this is in some respects more useful than translations of foreign treatises, because it gives the latest results of American ingenuity, and practical applications of surgical principles. The American branch of the profession is less profound in thought than the German, and less laborious in pathological research than the French; but it is probably superior to the world in its capacity for applying principles to practice. Hence, some of the finest advances in practical surgery are of American origin, while the great discoveries in principles and in special pathology nearly all come from Europe.

The work before us is eminently American, in that it is essentially practical, and as such we recommend it to our brethren of the surgical profession.

E. A.

A MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE: Comprising the elements of Medical Jurisprudence. By JOHN J. ELWELL, M. D., Member of the Cleveland Bar. "A doctor who knows nothing of law, and a lawyer who knows nothing of medicine; are deficient in essential requisites of their profession."—*David Paul Brown*. New York: JOHN S. VORHER, No. 22 Nassau Street. 1860.

We were agreeably surprised the other day by receiving the above volume of five hundred and eighty-eight pages, handsomely put up in law binding. And on opening its pages we naturally were anxious to know if the author possessed the qualifications requisite to the accomplishment of the

object proposed. But we soon learned, that in addition to the high position he had attained in the profession of his choice, the advantages of a good medical education, and the experience of several years as a reputable medical practitioner, had been brought to bear in the elaboration of the present work. From a general perusal we are satisfied that the author has rendered valuable service, especially to our profession, by embodying in a concise, complete and comprehensive form, all the well established principles and known authorities, aided by his own thought and experience, upon the subjects of malpractice and medical evidence. In the discussion of the subject of the first part of the work, the author has supplied to the members of the twin professions, a desideratum that is now beginning to be felt, from the frequency, importance, and troublesome character of cases of alleged malpractice.

In the opening chapter, the author proceeds to give the general principles of law applicable to medical responsibilities "as held by the courts of England and this country, with a number of references to adjudicated cases in which medical men have been tried for mal-practice: then in a series of chapters, the difficulties peculiar to our profession, its possibilities and impossibilities: what the general practitioner can do, and what he cannot," are set forth as concisely as possible.

The subjects of amputations, fractures, and dislocations—the treatment of which has always been subject to so many embarrassments to the ordinary practitioner—are fully treated of, and "an exhibit of the present state of the science of Surgery, so that just what should be rightfully expected and required of the surgeon may be understood as far as possible, and what should excuse an imperfect result in his treatment."

We also find an interesting digest of Prof. F. H. Hamilton's able and valuable work on deformities after fractures, and we are satisfied that no one can fully realize the obligations that are due the indefatigable labors of Prof. Hamilton, without a thorough examination and study of the facts and conclusions that are so fully elaborated. The chapter on the responsibilities of Druggists, with leading cases, closes the part of the work devoted to civil malpractice.

Part second is devoted to the consideration of the leading points and subjects involved in medical evidence. The rights and duties of the medical man, while discharging the obligations of a witness, are fully and explicitly set forth in the chapters on the subjects of "Evidence in general; Circumstantial Evidence; the Testimony of Experts; Privileged Witnesses and Communications, and Medical Books as evidence."

"Also all the various medico-legal subjects that are constantly engaging the attention of the courts, and the medical witness," are fully considered. The question of Insanity is examined at considerable length, with important cases; also the subject of Poisoning by Arsenic and Strychnia in particular, with leading cases.

The subjects of Wounds, Rape, and Coroner's Inquests, make up the last part of this interesting volume. In the examination of the above work, will be found but little to criticise, but much to commend, especially as the author claims the consideration of originality in the general plan and discussion of the subjects.

THE DISEASES OF THE EAR: their Nature, Diagnosis and Treatment. By JOSEPH TOYNBEE, F. R. S. With one hundred engravings. Blanchard & Lea, Philadelphia.

In the preparation of the above work, the author's aim has been to produce a practical treatise on the Diseases of the Ear. We learn that the labors and investigations that are made the basis of the present treatise, have allotted more for Aural Pathology than those of all his predecessors either in England or on the Continent. From the list of "Published papers on the Structure, Functions, and Diseases of the Ear," given in the Appendix, we should infer that Mr. Toynbee has labored extensively and with effect, to discover and describe the morbid appearances that disease has produced in this important organ, and has presented an accumulation of facts that must lay the foundation for a more rational mode of treating the special diseases of this organ than has heretofore been resorted to.

The researches of the author substantiate the fact that the great majority of the diseases of the ear, resulting in deafness,

have their origin in inflammation of one kind or another. And as a consequence, if the members of our profession would devote so much of their attention to this subject as its importance demands, there would be no necessity of making these affections a speciality; and the quack advertiser and humbugging specialist would no longer prey upon the unsuspecting and ignorant sufferer.

The above work is to be had at the Book Store of S. C. Griggs & Co., Chicago.

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We have received through the enterprising American Publisher, the above well-established, progressive and popular medical monthly in exchange for the *Examiner*, and we are fully convinced that the "*Lancet* may be said to have special claims upon the profession in this country." The *Lancet* is made up of Lectures by the most eminent physicians and surgeons of the day. 2. Original Essays, Papers and Clinical Contributions. 3. The Mirror of London and Provincial Hospital Practice, and numerous Clinical Records. 4. Leading Articles and Annotations on all scientific and other topics affecting the internal and public relations of the medical profession. 5. Reports of the proceedings of the Medical and other Societies. 6. Home and Foreign Medical Intelligence. 7. Reviews of New Books and Inventions. 8. Miscellaneous Correspondence. 9. Medical Facts, News Items, etc., etc.

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THE AMERICAN JOURNAL OF MEDICAL SCIENCES. Edited by ISAAC HAYS, M. D. Philadelphia: Blanchard & Lea. Price \$5 per year.

There are numerous weekly Journals, recording the passing events of the day, containing valuable reports, and stored with useful communications from members of the profession in all parts of the country. We have also a number of monthlies, the communications to which should be of a higher and more

elaborate character. But notwithstanding all these, there is a necessity for one or more Quarterlies, devoted chiefly to the analysis and reviews of the numerous works that are being issued from the medical press, together with a quarterly summary of the progress of Medicine, Surgery, Midwifery, Anatomy and Physiology, Physiological and Pathological Chemistry and Forensic Medicine. Among these we know of none that so much deserve the patronage and praise of the whole profession as the *American Journal of Medical Sciences*.

SELECTIONS.

The Auricles of the Heart Act by their Elasticity and Contractility, not by Muscles.—By Charles Smith, M. D., New Orleans.—To demonstrate this fact, we shall first expose the heart, and then follow the current of blood.

Tie the pulmonary veins above the auricle; perforate the mitral valves of the ventricle, and inject through the aorta, and fill the left ventricle and auricle to their fullest capacity, and lay the preparation aside until perfectly dry; when the auricle will appear transparent as glass, and the ventricle perfectly opaque.

This proof that the auricles have no muscles, or muscular fibres, ought to convince any one who has not committed himself upon the subject. I must confess I have often admitted to my professor that I could see the muscular fibres in the auricles; nor could I contradict it, until I had lectured upon anatomy and physiology myself, and given the subject special attention.

We say, then, that the auricles act, upon the principle of elasticity and contractility, dependent upon the ventricles. During the action or contraction of the ventricles, the auricles are distended with blood and continue so until the reaction of the ventricles, when the blood flows (upon the principle of the laws of fluids) into the ventricle, which again contracts, and propels it into the arteries.

We may simply say here, that, if muscular action were necessary for the purpose of emptying the auricle, the pulmonary veins would have valves, to prevent the regurgitation of blood. But, as yet, none have ever been discovered. In all the course of the circulation, we find valves in proportion to the force applied. Hence we

might reasonably infer that the auricles do not really act—only passively.

The idea, then, that muscular fibres could be seen in the auricles, I believe to be an error that ought to be corrected; and if they can be shown to exist, then it is certain that the circulation of the blood does not obey the laws of force, and motion, and fluids.

If, this view, then, be correct, the auricle is a passive, not an active appendage, and the blood would be acted upon the same as it would in the suction pump, where the column of water is subservient to the action of the piston.

So, in the circulation, the blood in the auricles depends upon the action of the ventricles. If passive, the auricles are only reservoirs, and adapt themselves to the amount of blood required for the use of the ventricles.

In the structure of the heart, we see the vast difference between the right and left ventricles, in the comparative thickness of their parietes and the remarkably great strength of valves, to prevent reflux—all adapted to the two circulations, the general system and the pulmonary.

Now, if it is necessary to provide against regurgitation in one part of the circulation, where active force is used, it must be in all; therefore, if there were any muscular action, or other kind but passive, there would certainly be valves at the auricles, or in the course of the pulmonary veins, otherwise the capillary circulation would be completely arrested, and the grandest object in the circulation defeated.—*N. O. Med. & Sur. Journal.*

On a new Disinfectant for the Dressing of Gangrenous Wounds, Ulcers, &c.—The medical faculty of Paris had their interest greatly excited, lately, by the recommendation, by Dr. Demaux and M. Corne (a veterinary surgeon), of a disinfectant which seems to answer its purpose admirably. These gentlemen brought their discovery before the "Academie des Sciences," who appointed Messrs. Chevreul, Velpeau and Cloquet (men whose names are familiar to most of our readers,) a committee to report upon it. On the 1st of July, 1849, this committee had led in the following report, which we have translated, for the benefit of our readers, from the "*Gazette Medicale de Paris.*":

"We have the honor to submit to the Academy of Sciences the results of numerous and varied experiments, made in common; first, in the private practice of one of us, and afterwards equally repeated in common, in the 'Charite Hospital,' in the wards of Professor Velpeau. We confine ourselves to state, in the following propositions, the facts which have, in the main, been confirmed by him, by his students, and by the physicians who attend regularly his lectures:

"1. A gangrenous wound, with abundant and fetid suppuration, submitted to this new mode of dressing, was at once rid of all disagreeable odor.

"2. After 24 or even 36 hours, the dressing linen of the wound of bad character did not smell more offensively than that of a simple fracture.

"3. An ulcerated cancer, with an ichorous discharge, and with that fetid odor peculiar to all cancers, was submitted to this dressing. The bad odor disappeared almost instantaneously, and did not return, so long as the dressing was used.

"4. Old ulcers of the legs, dressed in that way, were, with the same facility, deprived of all bad odor.

"5. Dressing linen soaked with fetid pus, or poultices impregnated with such pus, lost immediately their bad odor when brought into contact with the disinfectant mixture.

"6. Infected liquids—products of gangrene—clots of decomposed blood—sphacelated tissue, in a very advanced state of putrefaction, were at once disinfected by this new remedy.

"The action of the disinfecting substance seems to arrest decomposition; it keeps away the insects and prevents certainly, the production of worms. It may be employed for many other purposes, which we will not mention here. And all these results are obtained by means at once simple, and of easy application; and with substances which can be found every where at a low price. The price of the disinfecting matter, all prepared, is in Paris, about a franc (18 cents.) for 50 kilogrammes (125lb troy). It is in the form of powder, of a grayish color, more or less dark, according to the purity of the ingredients and their proportions, exhaling a slightly bituminous odor. Its composition is as follows:

"Of the common plaster of Paris (reduced to the finest powder), 100 parts; of coal tar (produced by the distillation of coal for the manufacture of gas), 1 to 3 parts,

"These substances can easily be mixed in a mortar.

"The application of this substance for the dressing of wounds, requires some peculiar preparation which we will show presently. If a certain quantity of the above powder be mixed with olive oil, a paste pomatum or ointment may be obtained (according to the quantity of oil used), that will keep any length of time if put up well. This salve is of a dark brown color and bituminous odor.

"The oil binds the powder, without dissolving it, in such a way as to preserve its property (by the gradual elimination of the oil,) of absorbing pus, if brought into contact with suppurating wounds.

"The consistency which it acquires when employed by itself, or with oil as an ointment, is never such as to give the patient any discomfort, or do the wound any injury. The application may be made approximately or immediately, according to the end desired. The immediate application does not produce the least pain. It has even a detersive power, and favors cicatrization.

"This mode of dressing, has the double property of disinfecting

pus, and other morbid products, and of absorbing them. This last circumstance is so much more important, as it enables us to dispense with the use of lint (charpie).”—*Ogithorpe Medical & Surgical Journal*.

Preservation of Bodies for Anatomical Purposes.—Professor Budge has found that bodies may be admirably preserved for a long period of time, whether for anatomical purposes, or for courses of operative surgery, by injecting into the carotid a preservative fluid composed of pyroligenous acid and sulphate of zinc, of each from eight to twelve drachms to seven pounds of water. Bodies thus injected have kept during eight weeks of intense summer heat, without giving rise to any putrefactive smell; the muscles retaining their red color, and though a little softened, admitting of good dissection. The injection does not prevent the subsequent injection of colored matters; and the knives used in dissection scarcely suffer at all.—*Virchow's Archiv*.

Uterine Polypus treated by Injections of the Perchloride of Iron.—Put her upon an energetic course of treatment—tonics and astringent injections, such as acetate of lead, tannin, sulph. zinc, &c. During the treatment we often introduced into the vagina portions of solid ice; also, bits of alum, enveloped in lint, were introduced into the os uteri. Notwithstanding this course of treatment, she continued, with but occasional respite from the hæmorrhage, for between five and six days after we saw her.

Becoming convinced that there must be some cause at the bottom of all this, other than the supposed “change of life,” which, as yet, we had not ascertained, we made as thorough an uterine examination as the condition of the uterus would allow, and detected a soft, fleshy substance—pendulous, apparently, from the fundus uteri. As the neck of the uterus remained rigid, and farther dilatation was not practicable, ergot was given in small, repeated doses, as well to arrest the bleeding, as to expel, if possible, what seemed to be the cause of the trouble. Having continued the ergot for some ten or fourteen hours, with ice and astringent injections, and the hæmorrhage continuing—sometimes after a partial cessation, returning in alarming quantities—all our previous efforts to arrest it having failed, we injected the muriated tincture of iron, diluted in one-third mucilage gum-arabic, into the os—continuing the opium

tonic mixture, and ergot during the night.

June 25th, A. M.—found the patient more comfortable—the os so dilated that we introduced the hand into the uterus sufficient to enable us to remove several small pieces of semi-consistent, hepatized flocci, with some well-defined fibrinous substance, resembling, in part of its formation, the surloin portion of beef, and quite strongly attached to the fundus of the uterus—somewhat larger in its body than a hen's egg, with a vermiform portion extending downward.

The dilatable condition of the uterus at this time, and the ease with which we grasped the tumor, enabled us to remove it without the use of instruments.

During the removal of this body there was considerable hæmorrhage, which was soon arrested by cold injections of alum-water.

It may seem to some that a solution so strong of muriat. tinct. ferri was rather a harsh application, and uncalled for under the premises. The urgency of the case, and the failure of the previous treatment to arrest the discharge, prompted us to resort to this treatment. And then even with the tinct. ferri mur., in its full strength, we are of the opinion that the lubricating secretion thrown out from the mouth of the uterus, would soon form a shield around even this escharotic, and prevent injury to the parts.

Florence Nightingale and her "Notes on Nursing."—The *Medical Times and Gazette* makes the following remarks in regard to this eminent lady and her recently published book:

Nursing the sick has been with her a labor of love; the whole tenor of her writings tends to ennoble that vocation, and to redeem it from the hands of the ignorant, the stupid, and the thoughtless. With noble and most devoted energy she has always endeavored to elevate the calling of the nurse, by bringing thought, intelligence, and study to bear upon her work, and by calling forth the finer feelings of the mind in the exercise of the most humane of all vocations. It is now more than fourteen years since Florence Nightingale began to give her undivided attention to this field of thought and action. Twice has she been in training as a nurse at the Institution of Protestant Deaconesses at Kaiserwerth, on the Rhine. She has studied with the "Sœurs de Charité," in the Hospitals of Paris. She has visited the Hospitals of Berlin, and those of many other towns in Germany. She has visited those of Lyons, Rome, Alexandria, Constantinople, Brussels, and likewise the Hospitals in the chief towns of our own country; but the most extensive sphere of her usefulness, and one where her experience

was most matured, was in our Military Hospitals at Scutari and the Crimea, during the Russian war. Thither she was sent by Mr. Sidney Herbert, then and now Secretary at War, who has the honor and merit of having been the first to appreciate, and to put in a position of public usefulness, the singular abilities of Florence Nightingale. What she succeeded in doing at Scutari and elsewhere for our sick and wounded soldiers is now a matter of history. What she has since done in bringing about sanitary improvements in our own army has still to be recorded. She has never been at rest since her arrival in this country. With such precedents and with such extensive experience, acquired among scenes of most varied suffering, can any one doubt that a written record of her thoughts and ideas regarding the subject of nursing the sick can be other than of the greatest possible public interest? She has undoubtedly ennobled the calling of the nurse, she has made her vocation a labor of love, and has sacrificed her health in the acquisition of her extensive experience. She has brought to bear upon the subject all the energies of an active and highly cultivated intellect, rendered still more energetic by intense enthusiasm in the work. The asperities of business not unfrequently encountered in the rough walks of life through which she has passed, have been at once smoothed down, or have altogether disappeared through the influence of that remarkable tact with which she is so remarkably gifted, directed by a mind the most amiable, gentle and refined. We think, therefore, we are justified in the belief we have expressed, that no other living person than Miss Nightingale, could write a book on nursing such as we have now before us. Every line of it, from the preface to the end, rivets the attention, every paragraph is suggestive, every page carries the reader into a world of thought.—*Medical and Surgical Reporter.*

 What Sanitary Science has done, and has yet to do, may be gathered from the following facts. The science is quite of modern date; but since the application of its simplest principles, the cleansing of streams, draining of houses, and introduction of pure water, the following evidence of benefits resulting has been given us:—In Liverpool the mortality had fallen from 37 in the 1000 to 27; in Bradford from 28½ to 22; in Gloucester, from 27 to 24. Taking an average of nineteen towns which had been treated in this way, it was found that the death-rate dropped from 28 in the 1000 to 21. Croyden was taken in hand scientifically some time ago; and since then an average of 196 lives have been saved in the town every year! The mortality among the pauper infants and pauper children in the metropolitan unions has been enormously reduced. In the Military School at Chelsea a death-rate of nine in the thousand has been brought down to one of four.

The female prisoners at Brixton, who live under sanitary rules, are three times as healthy as the poor needle-women of London; and at Pentonville, notwithstanding the allowance to be made for moral depression, the death-rate is only one-third of that prevailing in populous towns. But still there is a great work to be done; for as we are told, authoritatively, that at least 100,000 persons die annually in these islands at premature periods, and by preventible deaths; and at least 1,000,000 more are wasted and debilitated from similar causes. Talk of war, indeed! why what battles or contests ever wrought havoc like this—havoc, be it remembered, not occurring at intervals like an exceptional calamity, but carried steadily and incessantly through the ranks of our population? And we have still to remember the lesson taught us by the Crimean war. In that war we lost altogether 20,800 men; but of this number 5000 only were slain by the enemy. All the rest—15,800 soldiers—fell victims to privation and disease.—*London Medical Times & Gazette.*

Advantages of the Use of Glycerine in Surgery.—M. Demarquay, a distinguished hospital surgeon of Paris, has used, and recommends, glycerine in ulcers and fistulous tracts, along which latter it should be injected to fulfil the following indications—viz., to diminish excessive suppuration, cleanse the secreting surfaces, modify the noxious properties of the pus, prevent the stagnation of fluids, or simply to excite the pyogenic membrane, and bring about cicatrization.

Glycerine may be advantageously used in deep abscesses connected with diseased bone, and in such cases the author combines glycerine with iodine, because the former is, alcohol excepted, the best solvent of the latter, and penetrates very powerfully, reaching to a great depth. Glycerine may also be employed in the dressing of scorbutic, scrofulous, syphilitic, and atonic ulcers, either alone or as preparatory to another kind of treatment—viz: compression with straps of adhesive plaster. When used for ulcerated chilblains, glycerine should be extremely pure, because it is apt, when not quite free from foreign substances, to excite very painful inflammation.—*Drug Cir.*

There exists a substance possessed of powerful and definite properties, and having the remarkable property of restoring to health, or, at all events, of greatly relieving the disordered nervous system of persons suffering from chronic alcoholism: the medicinal agent in question acting efficaciously in cases

where the principal symptom may be either sleeplessness or hallucinations or trembling; or any other, and this substance is *oxide of zinc*.—*Ibid.*

Iodized Glycerine in skin diseases.—This solution is prepared after the following formula: $\mathcal{R}$ Potassii iodidi, et iodini, each $\mathfrak{z}$ i.; glycerinæ, $\mathfrak{f}\mathfrak{z}$ ij. Add the iodide of potassium to the glycerine, and when solution is effected, add the iodine. A few minutes' agitation will cause a perfect dissolution.

This solution has the great advantage over alcoholic solutions of not drying; in consequence the surfaces remain supple, and the absorption and the action of the iodine is much prolonged. It should be applied to the affected part and covered with gutta percha paper, to prevent evaporation and increase the perspiration of the part. It is left untouched for twenty-four hours, and the degree of reaction regulates its further application. The application of water will readily remove all traces of the solution. This solution occasions pain, which varies in intensity and duration according to the state of the diseased part and the sensitiveness of the patient. There has, however, never been any general inconvenience. On removing the application, the healthy skin has become brown, and the diseased parts paler than before. On ulcerated surfaces, no trace of iodine will be found two hours after its application. Sometimes its action has been so powerful as to produce phlyctene.

The results of Dr. Richter's experiments are, that this solution acts as a caustic; that it has really a heroic action in cases of lupus; that its efficacy is remarkable in non-vascular goitre, scrofulous ulcers, constitutional syphilitic ulcers—doubtful in primitive chancres and eczema, and useless in psoriasis.—*Werner Med. Wochenschrift.*

On the Local Employment of Chloroform in the Reduction of Dislocations.—M. Orliac, a French provincial practitioner, relates two cases of recent dislocation of the shoulder, in which rapid and painless reduction was accomplished. This result he attributes to having surrounded the shoulder with, and placed in the axilla, compresses imbued with ten or twelve grammes of chloroform, these being applied two or three minutes prior to, and during the attempt at reduction. In this way, he ob-

serves, assistants may be dispensed with [an important matter in country practice], and pain be prevented, without any danger being incurred,—*Moniteur des Sciences Medicales*.

Perchloride of Iron in Diphtheritis. By Dr. F. Isnard.—The following are the conclusions presented by Dr. Isnard, with which he closes his memoir on the nature and treatment of this disease:

Croup and *angina membranacea* are special inflammation of the fauces and air passages, with a peculiar alteration of their mucous membranes, which allows fibrino-albuminous products, formed at the expense of the elements of the blood, to transude in the form of pseudo-membranes.

They are always at the commencement, local affections. Diphtheritic affection is always consecutive, never primitive. The cause is the alteration and resorption of the pseudo-membraneous products, which is analogous to the purulent resorption that is always consecutive to a solution of continuity or to any inflammatory condition. The rapidity and importance of diphtheritic poisoning vary in accordance with a host of unknown conditions, among which the epidemic character plays a prominent part.

The false membrane, being the cause of all the grave phenomena which appear in the course of membranous affections, as much by its mechanical agency, (suffocation, asphyxia, &c.) as by its dynamic effects, (resorption and diphtheritic poisoning, &c.) to prevent its formation, or to destroy it when formed, is the duty of therapeutics. The treatment is medical and surgical, or external. Rational medical treatment consists in putting the blood quickly in such a condition that its fibrino-albuminous elements cannot transude the mucous membranes, or that they shall not escape except in a form almost serous. Fluidifying and alterative agents have hitherto had the most reputation in the medical treatment of croup. But in general they act too slowly, too feebly, have the inconvenience of weakening the system, and without preventing entirely the danger of diphtheritis; hence they have been rejected. Of all these, tartar emetic in large doses, has produced the greatest number of cures.

Coagulating agents act more rapidly upon the blood, and have the advantage of removing none of its elements, and of preventing the ultimate accidents of membranous affections. In this class the perchloride of iron, by its harmlessness to the system and the promptitude of its action, merits the preference. It is the sheet-anchor of therapeutic in croup, a species of specific for that terrible disease.

The action of the chloride of lime in these diseases is triple;

1. Action on the blood, whose fibrino-albuminous elements it

makes more or less plastic, and makes it thus impossible for them to pass through the mucous respiratory surface; and afterwards, in infectious cases, to pass back into uriniferous tubes, solutions of cutaneous continuity, &c.

2. Action on the respiratory mucous membrane, whose fibrino-albuminous elements it plastifies, and closes up the organic tissue. In this way the mucous tissue becomes incapable of admitting the passage of the albuminoid principles of the blood.

3. Tonic action, strengthening the nervous system; an essential action, according to many physicians, but of secondary importance, in my opinion, in the treatment of croup.

The perchloride of iron should be administered as soon as possible after the inception of the disease, in large doses. It should be continued at all stages of the disease, both when false membranes are formed, and when the general infection is established. Under all these circumstances its action will be the same; an action rather physico-chemical on the elements of the blood and the respiratory mucous membrane, than dynamical on the nervous system.

The surgical and external treatment is also important. It consists in friction with croton oil on the neck, with revulsives to the extremities; cauterization of the false membranes at accessible points; inhalation of alkaline solutions; and, if necessary, tracheotomy. —*Am. Med. Monthly.*

Arsenious Acid in Apoplectic Congestions. By Dr. Lamarc Picquet, of the Hospital of Honfleur.—The author gives as the result of his investigations on this subject the following conclusions: Apoplexy is essentially misunderstood, since the effusion of blood is only a secondary phenomenon. It is easy to master the preliminary symptoms of apoplexy, which is owing to an undue increase of blood globules. Arsenious acid is a valuable therapeutic resource in all congestions of the cerebral apoplectic form, since its first effect is to render the blood less rich in globules and less plastic. It is, however, indispensable, before the use of the agent, that the richness or condition of the blood should be determined, as, in case this fluid be poor in globules, the use of arsenious acid would increase such an abnormal condition.

The action of arsenious acid is connected so intimately with the digestive processes, that it should be employed while one is at the table, in order to facilitate its assimilation. The agent should also be used some time after the cure is effected, in order to increase the probability of the duration of the cure. The agent, however, cannot be considered absolutely antidotal: and hence the physician must always consider the mode of living, idiosyncrasies, and pathological condition of the patient. The dose is usually from one-sixteenth to one-sixth grain a day.

Treatment of Prolapsus of the Funus.—Prolapsus of the funus is not an uncommon accident, and, without appropriate treatment, it is one that often results unfortunately to the life of the child and the hopes of the mother. Professor Mendenhall, of Cincinnati, applauds the treatment of this accident by the position of the mother; successful cases have been reported. In the "Lancet and Observer," for January, he reports another case, converted in a few moments, by this method, into a case of simple labor. He places the woman on her breast and knees, in which position the funis is readily replaced. The position may be maintained, if need be, until the presenting part occupies the pelvic strait. It is probable that the position need not be long maintained. Prof. Mendenhall concludes his paper with the following remark: "In view of the frequent fatality to the child of this complication, I deem a knowledge of its proper treatment a matter of great importance. I think with this knowledge that few, if any cases ought to result unfavorably to the child, and a resort to turning the child is seldom, if ever, necessary."

Arsenical Poisoning by Paper Hangings.—Three children near Tipton have suffered from the arsenical emanations from a green bed room paper in a newly papered house. The symptoms were emaciation, pining, general restlessness, and twitching of the facial muscles. Dr. Belenden, observing these symptoms, concluded that they were suffering from the gradual effects of poisoning; and on being removed into another room, the children recovered. *London Lancet.*

Gelsemin.—In the "Medical Press," for January 2d, Dr. B. Keith, of New York, has the following upon gelsemin; which article he says he has used daily for the last eight years: "For controlling fevers of every type and grade; to arrest hæmorrhage from the lungs, stomach, bowels, uterus, and urinary organs; in dysentery and bowel complaints; in spermatorrhœa, amaurosis, deafness, catarrhal affections, and hay fever, I have used the gelsemin successfully. A single half grain has arrested hæmorrhage from the lungs, when all other remedies known to me had failed. While experimenting with it to ascertain its power for arresting hæmorrhage, I gave to a lady who had been confined two days previous, one and a half grains during twenty-four hours, which amount completely arrested the hæmorrhage. I administered two grains, during the course of thirty-six hours, to a lady who had been suffering from uterine hæmorrhage for two months, and that small quantity completely stopped the flow. So effectual is it in this form of hæmorrhage, that I consider it quite a specific. In dysentery and

bowel complaints, I consider it the most valuable article in the *Materia Medica*. From one-tenth to one-eighth of one grain administered after each discharge, will shortly stop all hæmorrhage and traces of the disease." * * * "In dry coughs, depend upon irritation of the throat, it is the most prompt agent I have ever used. In nausea and vomiting I have used it, many cases yielding to a single dose of one-fourth of one grain."

Hypophosphites in Phthisis.—In the *Medical Press* for Jan. 14th, is published a letter from Dr. J. J. Campbell, of Brooklyn, to Dr. J. Winchester, reporting the effects of the hypophosphites of lime and soda in his own case. The night-sweats soon ceased to trouble, and the nervous system so improved as to permit sound and refreshing sleep. He says "When I commenced the use of this remedy, five weeks ago, I weighed only 147 lbs.; now I weigh 161 lbs., a slight increase over my usual weight. My appetite is good, I sleep well, and I feel as if I were going to live in spite of the formation of a cavity in the upper portion of my right lung." This is certainly an encouraging result of the new remedy. The hypophosphites are much more pleasant to take than cod-liver oil, and we hope the effects following its use may be a still more important improvement.—*American Medical Monthly*.

Gastrotomy.—Some of our readers may remember that about five years ago Dr. John Bell, of Wapello, Iowa, reported, in the *Iowa Medical and Surgical Journal*, the extraction of a bar of lead from the stomach—the case being operated upon by himself, and resulting in recovery. The report of the case is produced in the *Boston Medical and Surgical Journal* for January 19th. The bar of lead was $10\frac{3}{4}$ inches long, and weighed $9\frac{1}{4}$ ounces. The incision into the stomach was made on the left anterior side, and about parallel with the pylorus. The patient made a good recovery, and was discharged on the 15th day after the operation.—*American Medical Monthly*.

Iodide of Potassium in Diseases of the Brain in Children.—In the *Boston Medical and Surgical Journal* for January 19th, is an article upon the above subject, by John Coldstream, M.

D., &c. copied from the *Edinburg Medical and Surgical Journal*. Dr. Coldstream says that for more than twenty years he has used the iodide of potassium in brain disturbances of children particular in hydrocephalus. He says, "The results I have obtained have been so much more decidedly favorable than those which I had been accustomed to see under the employment of depletion, calomel, and purgatives, that I have been surprised to find comparatively few references to the treatment of diseases of the head by this agent in the more recent works on the practice of medicine. I have met with but a small number of practitioners who seem to recognize it as a remedy of marked efficacy." Following the above remarks, Dr. Coldstream makes allusion to, and quotes the opinions of those who have spoken well of this remedy in this class of diseases.

Puerperal Convulsions.—In the *New York Monthly Review* &c., for January, Prof. White, of Buffalo, reports a case of puerperal convulsions of great severity, treated without blood-letting, but quite successfully, with chloroform, &c. "Dr. White thinks puerperal convulsions a disease *sui generis*, not apoplectic, nor epileptic; hence, bleeding is seldom necessary." * * * "The puerperal convulsions is, no doubt, caused by some remote uterine irritation, perhaps uræmia, though the latter is not constant. This condition tends to develop convulsions. His theory is, that we should give chloroform and anodynes to relieve this irritable state of the system, to be followed by croton oil as a counter-irritant. This is easily administered, and acts as a powerful revulsive. He thought we should never arrive at a correct theory, or satisfactory treatment of this disease, until we change our notions in relation to the character of the seizures." We copy the above opinions with pleasure, corresponding, as they do, exactly with our own. We believe more women have died when in childbed from the lancet than from convulsions. Cases of puerperal convulsions probably do occur, requiring the abstraction of blood; upon this point we will not call in question the universal judgment of the profession, but we may be permitted to say that such we have never seen. In eleven years' experience we have never bled a case of puerperal convulsions, nor lost a woman in childbed. Eschewing the charge of egotism, we attribute this favorable issue rather to the casualties of good luck than to legitimate sequences of peculiarities of treatment.

On the Use of Podophyllin and Leptandrin as a substitute for Mercurials in diseases of the Digestive Organs.—Prof. Kirtland of the Cleveland Medical College, remarks in the *Medical Gazette* of March, that "Habit, and occasionally a favorable result, too frequently establish the use of mercurials as a routine, in disorders of the Digestive System, embracing the liver, stomach, alimentary canal, and to some extent the whole glandular structure.

That those preparations are often the most certain and potent means for correcting such disorders, is not to be denied; and I most certainly shall not assume the province of the professional demagogue to decry their use. It should, however, be recollected, that the best of remedies, injudiciously employed, will establish fictitious disease, and that very many cases of Hepatic and Digestive derangements, organic and functional, can be traced for their origin to an indiscriminate or too long continued use of mercurials.

Such practice is liable to result in establishing an artificial action, which can only be sustained by a repetition of the same course of means. This artificial condition becomes as imperative in its demands for repetition, as does the abnormal thirst for alcohol, with the inebriate.

For the practitioner to be able to avoid such evils, is a desideratum which I hope and believe to be attainable.

During the last two years, I have in a great measure dispensed with the use of Calomel and Blue Mass in diseases of the aforementioned system, and have substituted therefor a combination of the resinoids of two indigenous plants, *to wit*: Podophyllum Peltatum, and Leptandria Virginica.

The former of these has long been known in popular practice, as the May-Apple or Mandrake, and its medicinal virtues have, perhaps, been more correctly estimated by irregular, than the regular profession.

Standard authors who have noticed it, have copied, one from another, a tissue of errors in regard to its properties, till it is now generally considered to be a mere drastic cathartic, resembling Jalap in its action. Experience has demonstrated to me that in *moderate and suitable* doses it is not drastic, but operates mildly, extensively and equally on the whole alimentary canal. At the same time it is as certain to reach the Liver and Bile-Cyst as is an equivalent dose of calomel, without inducing the sickness and depression which often attend the use of mercurials under such circumstances.

The brief treatise on this vegetable in Wood & Bache's Dispensatory, (5th edition) pages 556, 7 and 8, contains some valuable truths, with at least an equal amount of error. The

reputation of the *Podyphyllum* has been established by its abuse rather than judicious employment; a matter to which I shall again refer.

The latter, the *Leptandria Virginica* of modern Botanists, was formerly known as the *Veronica Virginica*, and in domestic medicine as the colored Physic root. I frequently prescribed it, forty years since, and more frequently observed its effects employed as a laxative and cathartic, as it then was extensively used by mothers and nurses, in bowel complaints of children. It seemed in its impression to resemble somewhat *Ipecacuanha* when administered in small and repeated doses: perhaps less nauseating and diaphoretic, and more laxative.

Both of these plants when prescribed in the form of either decoction or powder of the roots are objectionable, tending to offend the stomach; more from the stimulus of quantity than any medicinal quality. Modern Chemistry and Pharmacy have, however, obviated this objection, by furnishing their active principles in a concentrated form, which can be used in doses so small as not to offend the most sensitive stomach, and at the same time as powerful as the case requires.

My usual prescription for a laxative and aperient as an equivalent for one or two grains of calomel or five grains of blue mass, is the following:

℞ Podophyllin,
Leptandrin, a. a. X grs.
Mix thoroughly—divide into XL powders.

Dose, one powder at bed-time: repeat as occasion may require.

Ale, coffee, or catawba wine forms a convenient and palatable vehicle.

The combination of these two articles was first suggested to me by my friend H. B. Wilcox, M. D., of La Porte Co., Indiana.

It will not be attempted in this communication to specify all the varied morbid conditions of the human system in which the above prescription may be employed, nor the modification and combinations with other agents that may be resorted to by the skilful practitioner to meet individual cases. All this he will readily discern from his knowledge of general principles.

The term *deobstruent*, to designate a class of remedies, is obsolete, yet the above combination of active medicinal principles seems in practice to entitle it to a place under such a head. It is milder, and at the same time more certain to bring into a healthy and active operation every part of the glandular system than any means of my acquaintance. Hence its use is readily

suggested in deficient or vitiated secretion of the liver, kidneys and uterus, with their associated morbid conditions.

A caution in regard to the dose of these agents, either single or combined, experience shows us to be requisite. On a recent occasion, an intelligent physician was condemning the Podophyllin as a harsh, drastic and irritating cathartic. The query was put to him, "In what dose do you administer it?" The reply was "About two grains; but I do not trouble myself to weigh such articles."

Dr. Zimmerman's Chapter "On False Experience in Medicine," is invaluable. It might be extensively illustrated with instances like the above.

One grain of Opium is a safe narcotic for an adult requiring such an article; but eight grains would destroy the same individual.

One-fourth of a grain of Podophyllin, mixed with an equal amount of Leptandrin, is a full dose for a laxative, but if multiplied by either four or eight, the remedy becomes drastic, harsh and irritating.

Then, again, the practice of portioning out by the eye these potent agents, is unsafe. The eyes, fingers, and judgment of the most experienced may err; but his well-balanced scales, like figures, will not deceive."

Veratrum Viride in cases of Children.—The propriety of using "tinct. veratrum viride," in cases of children under two years old, is a question that has long been mooted by professional characters: and at the present day, at least in this section of South-western Georgia, when the action of that medicine is urgently and strenuously called for, the parents tell you, that Dr. so and so, says it is certain death, when given to children, indiscriminate of age.

Let their assertions be as they may, practical experience has proven to the contrary.

For the past few years I have had numerous cases among children, with which to contend. Some of them were of a highly inflammatory type, with the pulse ranging from 150 to 160, and the most certain remedy I have ever tried in controlling the excited circulation, was the "tinct. veratrum viride."

It did not only quell the agitated pulse, but it most generally checked the disease in its very commencement.

I have had considerable experience in the administration of "tinct. digitalis" in inflammatory diseases, with very bene-

ficial results, but yet, I cannot speak with as much confidence of the latter medicine, as I can of the former.

In the administration of "tinct. veratrum viride," there is a peculiarity that I have not seen noticed by any of our writers. It is this: when the pulse of an infant ranges from 150 to 160 beats to the minute, and the "veratrum" is administered in doses according to the age and idiosyncrasies, very frequently the pulse does not lessen in frequency; the patient becomes pale with flabby muscles, and with a profuse perspiration. It is then the inexperienced becomes alarmed, and believes his patient his tending to fatal collapse. And just so would it be, were not the proper counteracting remedies given. While you will observe all these dangerous symptoms supervening, pulse quick, &c., you will discover that its volume is measurably lessened, and now is your time to administer some stimulant, such as brandy, or syrup of ginger: I prefer the brandy. Give it in small doses, at intervals of from three to five minutes, until you perceive a change in the pulse.

Under such treatment you will find the pulse lessening in frequency and increasing in volume, fever subsiding, all symptoms assuming a favorable tendency, and your patient getting better. I have experienced this beneficial action so often, that I rely with great confidence on the use of "tinct. veratrum viride," in cases of children suffering from inflammatory affections, more especially pneumonia.—*Oglethorpe Med. & Surg. Journal*.

Illegitimacy in Scotland.—This, it appears, increases gradually as we proceed northwards; and further, the proportion of illegitimate births in the country districts is considerably higher than in the town districts. In the 125 town districts, 1166 of the births were illegitimate, while in the country districts they numbered 1195; giving the proportion of only 8 per cent. of the births as illegitimate in the town districts, against 10.3 per cent. in the country districts.—*Med. Times and Gaz.*, March 10, 1860.

Holopathy.—A distinguished physician of Paris, M. Marthal de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy (holes, *entire*; pathos, *disease*.) M. Marshal considers that diseases, as they come before the medical practitioner, are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favor their appearance. The lectures are creating some sensation in the French capital.—*Lancet*, March 10.

EDITORIAL.

CHICAGO MEDICAL JOURNAL AND THE STATE MEDICAL SOCIETY.

"THE ILLINOIS STATE MEDICAL SOCIETY AND THE NATIONAL ASSOCIATION.—At the last meeting of the Illinois State Medical Society a movement was made, looking to *reform* in the manner of electing the President of the National Association. A resolution relating to this matter was introduced, as was understood, at the instance of Dr. N. S. Davis, but did not pass. At present the Association has the right of choosing its officers from any part of the Union, although for obvious and proper reasons the Presidents have most frequently been taken from the State in which the meeting was held. Dr. Davis proposes to make a rule prohibiting such choice, and disfranchising the members of the profession in the particular State or city in which the meeting may be held, and urges his friends to rally and put it through.

This is an ingenious move. In the first place it might make his chances of election better at New Haven than they were at Washington and at Louisville, where he did not succeed. Secondly, if the Association should ever meet in this State it would prevent the election of any other person. If this resolution passes, the next move may be to invite the Association to Chicago, otherwise not.

It is melancholy to see so much attention paid to an unimportant matter, to the neglect of the scientific interest of the State and National Societies. But it is in accordance with the peculiar system of elevating the profession advocated in a certain set just at present.

For ourselves, we cannot but express a hope that our friends will, whenever consistent with their interests, attend these meetings, and that they will take pains to arrange, for the purpose of being communicated, any valuable facts or observations which may have occurred to them during the year. Thus interest may be added to the meetings, and value to the transactions."

The above taken from the *Chicago Medical Journal*, for April, 1860, makes the third time that the senior editor of that periodical has called the attention of his readers to the same subject, and each time repeating the same misrepresentations. And yet he carefully abstains from publishing the

resolutions alluded to, in the hope that a majority of his readers will thereby be prevented from detecting his mistatements. In the above article, Doctor Brainard, either directly expresses or plainly implies *three deliberate falsehoods*.

No. 1. "A resolution relating to this matter was introduced, as was understood, at the instance of Dr. N. S. Davis, but did not pass." Instead of originating with me, or being introduced "*at my instance*," it is well known that the resolutions originated with members of the Esculapian Society in the southern part of the State, and were introduced by Dr. T. D. Washburn, of Hillsboro, with whom I had never exchanged a word on the subject. Sometime previous to the last meeting of the State Society, I received a letter from Dr. D. W. Stormont, of Grandview, enclosing the preamble and resolutions in relation to the practice of electing the President of the American Medical Association *exclusively* from the city where the meeting was held, and asking my opinion of the propriety of having them presented to the State Society when it should meet. I wrote to Dr. Stormont, in reply, that the sentiments contained in the resolutions were correct, and suggested some verbal alterations in them; but also expressed the wish, that so far as myself was concerned, he would *not* have the subject brought before the State Society. The reason I gave was, that certain *jealous* individuals would immediately attribute the whole movement to me, and set up the pretense that it was in some way designed to favor my own election to the Presidency of the Association. From that time until they were introduced by Dr. Washburn, I neither saw nor heard anything more of the resolutions. Of the correctness of my *prediction* to Dr. Stormont, the members of the profession can now judge.

No. 2. "Dr. Davis proposes to make a rule *prohibit'ng* such choice, and *disfranchising* the members of the profession in the particular *State or city* in which the meeting may be held." Now read the resolution exactly as it was offered to the State Society and published in the Transactions, and see if a more bold and unblushing falsehood was ever penned?

"Therefore, *Resolved*, That in the opinion of this Society, *all the officers* of the Association should be *selected strictly with*

reference to merit, and without any regard to their place of residence." Having thus declared in the first resolution that the officers of the Association should be selected on the principle of MERIT alone, and without any regard to their residence, the mover, in the second resolution, directly condemns the practice, hitherto generally followed, of selecting the President "exclusively" from the profession of the city in which the annual meeting is held, and thereby leaves them simply on a perfect equality with the profession of every other city and State in the Union. The resolutions, instead of disfranchising, or in any way restricting the rights of the profession in any particular locality, were founded on the broadest principle of professional equality, and were designed directly to condemn a practice which had practically given to a very small portion of the profession a MONOPALY of the highest office in its gift. All this, the senior editor of the Chicago Medical Journal very well knew, for he had the printed resolutions directly at his hand when he wrote the above article. Can the profession place a shadow of confidence in any statement that may be made by a man who thus deliberately falsifies the doings of the State Society of which he is a member?

No. 3. "In the first place it might make *his* chances of election better at New Haven than they were at Washington and at Louisville, where he did not *succeed*." This paragraph plainly implies that at the meetings in Washington and Louisville, I was a candidate for the office of President of the Association, and *tried* to get the election; which is entirely incorrect. It is true that at Washington, it was said the *local* delegates from the profession there, would not agree on a candidate, and consequently that the name of no one in the District of Columbia would be presented to the nominating committee. On the supposition that such would be the case, several personal friends were kind enough to say to me that they would advocate my election to that office. But when the Nominating Committee met, the representative from the City of Washington was prepared to recommend a local candidate, and in accordance with previous custom he was nominated by the Committee. I neither solicited nor declined a

vote on the subject. At Louisville, I am not aware that my name was ever mentioned in connection with the office of President by any one. And if it will afford the senior editor of the *Chicago Medical Journal* any relief, I will hereby give him formal notice, that in case the American Medical Association will hold its meeting for 1861 in Chicago, I will certainly not be a candidate for the office of President, nor accept it if tendered to me by the Association.

With the last paragraph, in the article quoted from the *Chicago Medical Journal*, I cordially agree; and as the senior editor has furnished but ONE formal contribution to the Transactions of the American Medical Association during the THIRTEEN years of its existence; and ONE to the Transactions of our State Society during a like period, I hope he will set the example which he urges upon others.

THE CHICAGO MEDICAL JOURNAL AND DR. E. B. WOLCOTT.

The April number of the *Chicago Medical Journal*, contains a letter purporting to come from Milwaukee, and signed "Medicus." It is made up of some low and contemptible insinuations against the professional character of Dr. Wolcott. The writer, as is usual with men when conscious of being engaged in a mean act, endeavors to hide himself behind a fictitious signature. To publish *insinuations* derogatory to the character of another, which the author neither dare to assert as facts, nor subscribe his name to, has but one parallel in meanness, and that is, robbing a neighbor's hen-roost.

DISCONTINUANCE. *The Peninsular and Independent*, a monthly Medical Journal, published at Detroit, has been discontinued for want of support.

AMERICAN MEDICAL ASSOCIATION.

Before another number of the Examiner reaches its readers, the Annual Meeting of the Association will be in session at New Haven, Ct. The time appointed for the meeting is the first Tuesday in June. A more pleasant locality at that season of the year could scarcely be found on this continent, and we hope the profession of the North-West will be fully represented. A new method of business is to be inaugurated, and it is quite probable that the meeting will be more interesting and profitable than any that have preceded it. We see it intimated in one or two of our exchanges, that an attempt may be made to introduce some questions or topics calculated to stir up *sectional* feelings, having reference to the action of Southern Students in leaving Northern schools last winter.

We trust that these intimations are without the least foundation. Let politicians and divines wrangle about abstractions, until they separate on geographical lines if they will; but let the true physician know but one *section*, and that the wide world.

TOBACCO, COFFEE AND TEA.

The Dean of Carlisle states that 33,000,000 of pounds of Tobacco were consumed in England in the year 1859; and at an expense of \$40,000,000. It is estimated that the amount consumed in the United States is over 150,000,000 of pounds annually—and in the whole civilized world not less than 4,480,000,000 pounds, or 1,000,000 tons annually. It is further stated that 100,000,000 of the human race use tobacco.

The consumption of Coffee in the United States in 1859, was 251,000,000 pounds, and of Tea 36,000,000. Thus the people of the United States, in the single year 1859, paid for three articles, Tobacco, Coffee and Tea, not less than \$150,000,000. If we add to this the enormous expenditure for alcoholic beverages, we shall cease to wonder why the times are hard, and the moral sensibilities of a large portion of the race blunted.

 We have from time to time sent out a number of extra *Examiners*, and shall continue to do so until every member of the profession in the State has seen a copy of our publication. Those who do not desire to take the *Examiner*, will confer a favor upon the editors, by returning the number received, *with address*; or signify their wish by some other mode. Otherwise, the person receiving the *Examiner* might find that he is considered a subscriber. We wish to hear from every one received either "pro or con."

To the Medical Students of the United States of America.—

I will give a Premium of \$250 for the ESSAY which shall be judged the best by Competent judges, on the Anatomy and Physiology of the Animal and Organic Nervous Systems. The Essays to be sent to me on or before the first of March, 1861.

I will likewise give a second premium of \$250 for the best Essay on the same subject. The essays to be sent in on or before the first of March, 1862.

The Medical Students who shall be declared the Successful Competitors, will be required to declare on their word and honor, that the Essays are their own productions; and that they have not been assisted by any legally qualified Medical man.

JOHN O'REILLY, M. D.,

230 Fourth Street,

March 8th, 1860.

Washington Square, New York.

INDIANA STATE MEDICAL SOCIETY.

The annual meeting of the Indiana State Medical Society will be held on the third Tuesday in May, at Indianapolis.

THE CHICAGO MEDICAL EXAMINER.

EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

To secure this object fully, we shall give, in each number, in addition to ordinary original articles, and selections on practical subjects, a faithful report of many of the more interesting cases presented at the Hospitals and College Cliniques. While aiming, however, to make the EXAMINER eminently practical, we shall not neglect either the scientific, social, or educational interests of the profession. It will not be the special organ of any one institution, society or clique. But its columns will be open for well written articles from any respectable member of the profession, on all topics legitimately within the domain of medical literature, science, and education.

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THE CHICAGO MEDICAL EXAMINER

VOL. I.

JUNE, 1860.

No. 6

ORIGINAL COMMUNICATIONS.

The Mutual Relations and consequent Mutual Duties of the Medical Profession and the Community: A popular Lecture before the Illinois State Medical Society, and the Citizens of Paris, Edgar County, Ill., during the Annual Meeting of the Society, in May, 1860. By N. S. DAVIS, M. D., Professor of Principles and Practice of Medicine in Lind University, and of Clinical Medicine in Mercy Hospital, Chicago.

CITIZENS AND MEMBERS OF THE PROFESSION:—The relations of the medical profession to the community at large, are more universal, more intimate, and more important, than those of any other profession or calling among men.

The universality of those relations is founded on necessities the most imperious and delicate. For though many members of the community affect to despise and deride the profession while they are in the enjoyment of health, yet the number who do not earnestly call for medical aid when overtaken by sickness, is exceedingly small. Indeed, it is highly probable that the whole number who have lived in our country from their birth to their final exit from this scene of life, without receiving more or less direct service from the physician, is not equal to those who have committed suicide, or died from sudden violence.

The relations of the profession, extend, however, much beyond the mere personal attentions to the sick. It is to investigations pursued almost solely by the profession, concerning the *causes* of disease, the circumstances under which they act, and the means for their removal that we owe all the valuable *sanitary measures* of the present day. The improvements in the

construction and ventilation of dwellings; the sewerage of cities; the quarantine regulations for the protection of seaport towns; the more ample and humane provisions for the Insane; the direct and positive prevention of loathsome and most fatal epidemics, such as the small-pox; and the preparation of provisions and fruit for long voyages in such a manner as almost to banish the scurvy from the ships of enlightened nations, have all resulted, directly or indirectly, from the developments of medical science, and the influence of its legitimate cultivators. Hence it will require but little reflection, to perceive the influence of the science and practice of medicine upon every class, sex, age, and individual belonging to the community, whether at home or abroad—on the land, or the ever restless ocean.

That the relations sustained in the direct intercourse of the physician with his patient are of the most intimate and confidential nature, needs no illustration.

The family physician is admitted to the innermost circle of human society. He comes not only to the hearth-stones, but to the hearts of his patients. As the intelligent instrument for alleviating their sufferings, he necessarily becomes cognizant of their ills, their deformities, and even their mental and moral obliquities. The confessional does not bring the spiritual adviser into closer or more confidential relations with erring mortals, than do the daily duties of the physician.

From the number and variety of relations existing between the profession and the community, and the close personal character of some of them, their paramount importance can be easily deduced. To say that the characters, happiness, health, and even lives of unnumbered individuals depend directly on the intelligence, integrity, and skill of individual members of the profession, is to assert a fact apparent to all. Indeed so fully is the importance of this direct relation between the physician and his patient recognised, that it often causes the more remote and general relations of the profession to the community, as a whole, to be entirely overlooked.

And yet, the latter, when justly estimated, as much outweighs the former in importance, as the *prevention* of disease is

preferable to its removal after it has actually laid hold on its victim. To realize the truth of this, compare modern London, with its sewered streets; its supply of water; its detailed sanitary regulations founded directly on knowledge furnished by the regular profession; and the annual ratio of one death in *forty* of its teeming population, with the London of the first half of the seventeenth century, before it was literally destroyed by the great plague and the great fire; and when the ratio of deaths averaged one in *twenty* annually.

Bear in mind that what is true of London, is equally true of almost every city in christendom. Again, look at the history of those twin scourges of the human race, the Plague and Small-Pox, while they were annually *decimating* the population of cities, towns, nay whole provinces, previous to the dawn of the eighteenth century, and compare it with the almost entire exemption from these diseases enjoyed by the inhabitants of christendom at the present time.

Or, turn to that most unfortunate portion of the human race, the insane. Only a few generations have passed since you might have found many thousands of this class in jails, and poor-houses, bound with chains, and regarded as literally "possessed of the devil." But now how great the change. Instead of chains, and prisons, and demons, scarcely a civilized country exists, that is not dotted over with elegant and hospitable asylums, not only for their safe keeping, but for their actual care.

These illustrations might be greatly extended, were it any part of my object to show what or how much the medical profession has done for the prevention and amelioration of human suffering, but at present I simply wish to remind you of the true nature and importance of the relations sustained by the physician to the community, that we may the more readily comprehend the mutual duties growing out of them. From the foregoing observations, it is clearly seen, that the community are dependant on the votaries of the science and art of medicine, not only for the careful treatment of diseases, and the very general prevention of some of the most dreaded, as Scurvy and Small-Pox; but also, for all that knowledge in

relation to the causes of disease, the circumstances under which such causes are engendered, and the means for counteracting their effects or procuring their removal, by which the municipal governments of the present day are enabled to devise and execute improvements and sanitary regulations of the greatest importance to the welfare of whole communities.

With relations so numerous, so intimate, and so important, there necessarily arise mutual duties, and obligations of corresponding magnitude, which it is very desirable to have clearly appreciated.

These duties on the part of the Physician, may be embraced in the two following propositions:

1st—Every individual who presumes to discharge the duties of a physician, is under an imperative obligation to obtain such an education as will enable him to give each of his patients, and the public at large, all the benefits that the present state of medical science will afford.

2d—He is under equal obligations, so long as he continues in the profession, to bestow upon its cultivation and application in the treatment of disease, his earnest and undivided attention.

The abstract truth of the first of these propositions, all will admit; yet very few will comprehend the nature and extent of the education which it requires.

Medical science is not composed of a few simple abstract or fixed rules, capable of application in the treatment of all diseases; neither is disease itself a unit, characterized by fixed and unvarying symptoms, and tending always to the same results. On the contrary, man, the last and noblest of the Creator's works—the climax of animated beings; combines in himself almost every variety of structure and function to be found in the whole kingdom of organized living matter; and he lives and moves in the midst of all the varying influences emanating from the earth on which we tread, the air we breathe, and the intellectual and moral forces with which we come in contact. Every elementary cell and fibre of this delicate and complex organism are possessed of properties and functions capable of being more or less influenced by all the

exterior agencies that surround us. When these properties and functions are in their natural condition, and the exterior forces and agencies that act upon them are in their natural degree of intensity, health and physical happiness exists. And as disease is a deviation, either in structure or function, or both, from this normal condition, so its nature, tendencies and results, will vary with every variation in the condition under which it is produced. Hence, to study one single disease in all its relations of causation, nature, tendencies, results, and means of prevention and cure, necessarily involves a study of all those changes in, or emanations from, the earth, the water, and the air, with which we are in daily contact; the intimate structure and functions of each part of the human system with the changes they are capable of undergoing; the special laws that govern the various forms of morbid action; and the nature and effects of all such substances or influences as are capable of acting as remedial agents.

It is thus rendered evident to the intelligent mind, that medical science properly so called, is but an aggregation of materials gathered from every other science known to man. For the causes of disease we must draw largely from the facts of Geology, Meteorology, Climatology, and the laws of vegetable growth and decomposition. For a knowledge of the nature and tendencies of disease, we must absorb all the facts of Anatomy and Physiology, human and comparative, healthy and morbid. For a knowledge of remedies for the modification and cure of disease, we must take largely from Chemistry, organic and inorganic; Botany, Mineralogy, Natural History, and Mental Philosophy. Hence, medical science is the climax—the grand culmination of all sciences, in such a manner that the well disciplined mind may seize upon their almost countless facts and principles, and render them subservient to the highest and noblest of earthly purposes, namely, the prevention and amelioration of human suffering. With what astonishment has the world looked on while men of science have literally chained the electric currents—the “lightnings of heaven,”—and made them swift messengers of communication between the remotest parts of the earth. But is it not equally wonder-

ful and far more beneficent to see the educated physician render the same subtle agent subservient to the restoration of palsied limbs, or the resuscitation from temporary death?

If the hasty glance we have taken of the nature and extent of medical science is correct, it is easy to perceive that instead of being fixed and definite in its limits, it is ever progressive—ever expanding—either aggregating new material or dismissing that which has become useless, with every advance that is made in the various departments of human learning. With such a view of the vast field of medical science, with its capacity for unlimited improvement, in strict coincidence with the advance of all the other departments of human knowledge, how insignificant are the contracted dogmas that constitute the basis of the *isms* and *pathys* of the day?

The adage “heat is life and cold is death,” constituted the foundation of Thompsonianism, from which has sprung the more modern Botanics and Eclectics.

“*Similia similibus curantur*,” or like cures like, is equally the basis on which repose all the followers of Hahnemann. The full meaning of both may be as well comprehended in an hour as by the study of a year. They admit of neither contraction nor expansion; but are like the procrustean bed, to the iron bars of which all else must be made to fit. If the facts developed by every day’s observation prove too long, they must be cut off; if too short, they must be stretched by the imagination until they seem of the right length.

If the nature and extent of true medical science is such as we have indicated, the second duty we have announced as binding on the physician, needs no comment. That man who educates himself in such a way, that he is capable of wielding the vast stores of knowledge embraced in the science and art of medicine, with the highest degree of skill, and keeps himself master of the annual accretions to that store, will find no time or opportunity to distract his attention with other pursuits. If he bestows every waking moment, except such as are required for the direct worship of his maker, on the cultivation of medical science, and its application to the prevention and cure of disease, when he has arrived at the end of full three

score years and ten, he will be conscious of having entered but little way into the vast field which was opened out before him at the commencement of his career. Hence brethren of the profession, you who have taken charge of the sick ; who have assumed the responsibility of conservators of the public health ; you who have unfurled the broad banner of humanity and enlisted for the warfare with the king of terrors, we entreat you not to prove faithless sentinels, sluggishly slumbering on your posts of duty while the archives of our noble science lie moulding on your shelves ; or undisciplined soldiers allured after the passionate goddess of partisan politics, or the more gaudy and still more fickle god of wealth, while the grim-monster seizes without resistance the helpless ones who had confided their all to your protection. Nothing is more certain than that no one man can do justice to two or three diverse pursuits at one and the same time.

And while we would have every physician sufficiently familiar with the affairs of government and the various interests of society, to perform all the duties of a good citizen, we would have him never lose sight of the old and true saying, that "no man can serve two masters," for if he does not actually love the one and despise the other, he will at least in cleaving to the one *neglect* the other.

But if the profession of medicine bears relations to the dearest interests of individuals and society, so numerous and important ; if its very nature imposes upon its members the duty of acquiring an education the most comprehensive and profound, and the life long performance of services to the suffering that cease not with the summer's heat or the winter's cold—the sunshine or the storm ; the noon-day or the midnight ; so too does it impose in return obligations no less imperative and important upon the whole community—obligations, indeed, which we fear very few, even of the more enlightened members of society, either seriously consider or acknowledge.

Foremost among the duties that devolve on the community in its relations to our profession, is that of affording to the student of medicine every facility for acquiring that education

to which we have already alluded; and to the practitioner equal facilities for accumulating all those facts which will increase our knowledge of the causes, tendencies, and results of diseases. When we remember how closely the dearest interests of every individual are connected with his access to a skillful physician, the pressing necessity for whose services is liable to occur at any and every hour of human life, we should naturally infer that, next to the common school and the place of religious worship, adequate provision for ensuring the careful and thorough education of medical men, would receive the attention of every civilized community. And yet, instead of this we find in almost every community, positive and serious barriers directly in the way of such acquirements.

For instance, not a bone can be set when displaced, not an artery tied, nor a knowledge of the seat and progress of any internal disease obtained, without a good knowledge of the anatomy of the human body.

And no adequate knowledge of anatomy can be gained without actual dissections. But the community, instead of making any provision for facilitating such dissections, have made it an actual crime to procure a single body for that purpose. No one can read the story of the Egyptians exacting of the poor Israelites the manufacture of the full *tale* of bricks, and at the same time refusing them the straw necessary for such manufacture, without feeling a strong indignation at their injustice; and yet the enlightened people of Illinois are guilty of precisely the same species of absurd injustice towards the medical profession. They have enacted laws by which every physician and surgeon are held responsible for all damages resulting from want of skill in the performance of their professional duties. If a limb is broken or dislocated, and the attending surgeon, through ignorance of anatomy, fails to dress it properly, he is held liable for all the damages resulting from such ignorance. Yet they neither provide the surgeon a single body from which he may acquire the desired anatomical knowledge, nor allow him to provide one himself, without being subject to legal prosecution and disgraceful penalties. The great States of New York and Massachusetts have relieved themselves of

this absurd treatment of the profession, and gross violation of the interests of the whole people, by the enactment of liberal and just laws for the study of human anatomy. Will not the people of Illinois require their next legislature to imitate the example of the enlightened states we have just named?

The accomplishment of this requires no one to surrender the lifeless remains of his kindred or friends to the mutilations of the dissecting knife, nor does it necessitate the slightest desecration of the burial place for the dead. There are in this and every other State of our glorious Union, plenty of individuals who, while living are supported on public charity, while sick receive freely the gratuitous services of the profession, and when dead have not a friend to ask for their burial. Can there be a rational objection urged against delivering the bodies of such, under proper regulations, to the profession for the sole purpose of extending and perfecting that knowledge of human anatomy, which is so essential to the welfare of every class of the community?

Nor is this all. But all classes of the community should more freely and cheerfully allow, not dissections, but simple *post mortem* examinations of the bodies of those who die; so that the practicing physician may more frequently compare the actual progress and results of disease with the symptoms during life. By such comparisons, frequently and carefully made, he would be far better able to rightly understand the meaning of the symptoms during sickness; to more clearly anticipate certain tendencies; and correspondingly better able to successfully ward off fatal results.

Enlightened self-interest alone, should prompt every individual to be far more liberal in all these matters. There is a wide spread error in the popular mind, which I will not pass by in this connection. It is this: Whenever members of the medical profession ask the community or the Legislature to allow post mortem examinations, or legalize dissecting, or to enact laws for the protection of members of society against knavish empiricism and reckless ignorance, the idea is at once entertained that these things are asked for to accommodate and benefit the profession and not the community. Nothing could be farther

from the truth. For, delving for knowledge into the offensive and decaying structures of a lifeless body is not a pleasant *pastime* for the physician, nor are his pecuniary interests increased in proportion to his acquisition of knowledge. On the contrary, it is quite probable that medical men, even in the dark ages of the world's history, were better rewarded for their services, however worthless they might have been, than they are now in the most enlightened portions of Christendom. No, fellow-citizens! it is you and not the profession that reap the benefits of every advancement made in any department of medical science. The reward of the profession was just as good, and the demand for its services far greater, before Jenner discovered that vaccination would prevent that loathsome scourge, the small-pox, than it is now. The labor and skill of the operating surgeon must be just as great now, when his patient lies unconsciously smiling under the influence of the pleasant dreams produced by Ether or Chloroform, as formerly when the poor creature writhed in keen anguish beneath every stroke of the knife. Yet where is the mathematician who can estimate the number of lives saved, or the amount of human suffering prevented by these two simple discoveries?

Another important mode of advancing medical knowledge, and therefore another duty devolving on the community, consists in the enactment and strict enforcement of laws for registering all births, marriages and deaths. By such records, when faithfully kept, the facts are afforded for ascertaining the duration of human life, and the ratio of mortality in every town and precinct in the State. By comparing these with the Geological, Topographical, and Climatic conditions of each locality, the profession would be enabled to throw much additional light on the causes of disease, and the means for their removal; thereby reflecting still further benefits upon the community at large.

Still another important duty which the community have hitherto neglected, consists in the conferring upon well educated physicians such offices, as from their nature require the possession of sound medical knowledge for the proper discharge of the official duties appended thereto. Such is the important

office of *Coroner* in each county. One of the chief duties of Coroner consists in holding inquests upon the bodies of persons who come to a sudden or violent death, for the purpose of ascertaining the cause of such death, and developing all the facts that may bear upon the question of crime or aid in its detection and punishment. From the very nature of the investigation, none but a well educated medical man is competent to the task. I do not mean that this or any other office should be conferred on such members of the profession as will neglect their appropriate duties, and stoop to do the greatest amount of mere political partisan work, but the offices of Coroner and that of physician to the county poor, should be conferred on such members of the medical profession, and such only as are qualified by their education and their high moral integrity to do full justice both to the community and the suffering poor. Finally, fellow citizens you cannot fully discharge, not only your duty to the profession, but to yourselves and humanity at large, without on one hand discouraging every species of charlatanism and quackery, and on the other liberally and cordially sustaining every effort that is made to advance either the science or the art of legitimate medicine. And have not the great mass of the regular profession, throughout all ages of the world shown themselves entitled to the confidence and respect of mankind?

Have they, either individually or collectively, shown themselves illiberal, selfish or unfaithful to the high trust reposed in them? On the contrary, have they not always, through all ages, freely and cheerfully bestowed their services upon the unfortunate poor, not only without pecuniary reward, but often without the poor return of a "thank you Sir"? In all the other departments of human life, the universal maxim is, that "the laborer is worthy of his hire." But I say proudly and fearlessly that even suffering poverty never appealed to our profession for help without a liberal response. And there are those in the profession of our own State who give to the poor freely, time and labor worth from one to two thousand dollars annually.

Not only is our profession a liberal one in its responses to

the calls of suffering humanity, but its unselfishness is displayed in the fact, that every improvement or discovery made by any one of its members, must at once become the common property of the whole. In the various arts and callings of life, if a man makes an important discovery or useful invention, his first object is to secure a patent by which he restricts to himself such pecuniary profits as the importance of the invention will develope. But let a member of our profession attempt thus selfishly to restrict, by patent right, the use and profits of any discovery or improvement calculated to ameliorate human suffering, and he is at once scouted from all fellowship with his brethren; it being a law of the profession stronger than any legislative enactment, that the interests of humanity are paramount to the pecuniary considerations of any individual.

In regard to the faithfulness of the profession in times of danger, let the history of their conduct during a thousand epidemics answer. The soldier faces danger and death upon the battle-field, because he is supported on either side by his comrades, with his foes in full view before him, and the loud plaudits of his countrymen already ringing in his ears.

But when the unseen angel of death is hovering over a community in the form of an epidemic of cholera, yellow fever, &c., snatching a child here, a mother there, and a father yonder, staying its fatal work neither at midnight nor at noonday, until the badge of mourning decorates the door handles on every block, and the gloomy hearse is met at every street corner, who is it that stands firm when others flee? Who is it, that, in such times, may be seen in the still hour of night, or under the burning sun of noon-day, wending his way alike into the decorated mansions of the rich, or the narrow alleys and by-ways where the poor congregate, and in both, with steady hand and stout heart, administering medicine to the sick, words of consolation to the afflicted, and expressions of hope to all? Ah! it is the unpretending, the care-worn, but the intelligent and faithful practitioner of the healing art. Brethren of the profession, when I look at the nature of our exalted and beneficent vocation—when I survey the great field we cultivate, in which the most sublime facts of science, and the direst sufferings of hu-

manity are mingled together—and above all, when I look at the calm, silent, heroism of our brethren as displayed on such occasions as have been presented at Sandusky, Norfolk, Portsmouth, and a thousand other localities, I confess that I am proud of the name of *Physician*. And I am ready to exhort you to go on, *faithful* to your chosen calling, regardless of the smiles or frowns of those around you, until at last you reach that field on which the grim-messenger will never enter.

PATHOLOGY OF NEURALGIA.

By L. D. ROBINSON, M. D., of New Elizabeth, Ind.

Neuralgia is one of the most painful as well as interesting affections with which the physician has to deal; and the true pathology of the disorder seems very illy understood by many of our standard medical authors. Indeed, I believe none of them profess to plainly and positively elucidate its pathology. We think the profession has a *rationale*—a true pathology—and one that can be plainly elucidated, and substantiated by good and sufficient authority.

Eberle says, “in many instances neuralgic affections are nothing more than masked agues from the influence of koinomiasmata.” Again, he says: “It may, I think, be assumed as a fact, that neuralgia may depend upon different causes—on local inflammation or congestion of the affected nerve—on organic disease of the brain—and most commonly on a sympathetic irritation, from latent irritation in other parts or organs.”

Watson says: “The cruel malady occurs most commonly in persons who exhibit, in other respects the signs of an unsound, or deranged, or debilitated system. It is more apt to fasten upon those who are pale, and asthenic, and upon individuals whose persons have been broken by advancing years.”

Wood says: “Another state of system disposing to neuralgic attacks is debility. * * * The anemic condition is very favorable to it. Chlorotic females are extremely subject

to neuralgic pains. * * * As to the state of the nerves, in those cases of neuralgia, if there be such, in which the true pathological condition is limited to the part where the pain is felt, we know absolutely nothing."

Now it will be observed that those authors all give positive evidence that *debility, anemia, chlorosis, and debilitating influences*, all give rise to a condition of system favorable to the development of neuralgia. But they stop just here, and take us no farther into the manner in which debility predisposes to the disorder in question. We join them in the opinion, that what we shall be pleased to term *idiopathic* neuralgia, is always based upon a depraved blood, and more or less debility. And in attempting to establish our theory we will, for the sake of convenience, make the arbitrary condition or classification of *idiopathic* and *symptomatic* neuralgia. But in truth all neuralgia is symptomatic of other pathological conditions. Will also consider the subject negatively, or *a fortiori*, and endeavor to arrive at just conclusions in relation to the pathological condition that obtains in neuralgia, and also to harmonize this pathology with the long-established, well attested, and successful treatment of the malady in question.

It is a fact that no one will dispute who has had any experience in the treatment of the disorder in question, or who has faithfully perused the medical record of the past, that almost all obstinate attacks of neuralgia, have required, and *do* require tonic treatment for their permanent removal; and the most efficacious tonics are the mineral, especially the ferruginous tonics; and these as a general thing require to be combined with a vegetable antiperiodic, and tonic remedy; more especially are these remarks applicable to cases occurring in malarial districts of country. By a close examination of authorities, and a review of the treatment invariably adopted in obstinate neuralgia, it will be seen that the above remarks are strictly true, and in keeping with the experience of the past.

We shall look first to the blood for the primary seat of trouble in neuralgia. In the normal or healthy state, we find upon analysis, that the salines enter into the composition of the blood. We find, however, that the saline matter constitutes

but comparatively a small portion of the circulating medium, while the albumen, fibrine, and iron, or red corpuscles, constitute by far the greater portion of the blood. Now if from any cause whatever, those normal constituents of the blood become deranged, or abnormal in quality or quantity, or both, the consequence is disease of *some* character. Thus far it is plain that we are right. Well, if from some debilitating cause, or other, the blood becomes depraved, and it is found in this condition to contain an excess of saline matter, or deficit of red globules, would it not be reasonable, would it not be true, that, we would have a circulation well fitted to irritate a nervous system? We aver that it would be both reasonable and true that a circulation of blood containing an excess of saline matter, either independent, or in consequence of, a deficit of iron, is a circulation that will even entail disease upon the solids, and give rise to irritation of the nervous system, and consequently pains of a nervous or neuralgic character, as well as to many other pathological phenomena.

Now from the above remarks, our views of the pathology of neuralgia would seem reducible to the following conclusions:—A deranged condition of the blood, which derangement consists in an excess or preponderance of saline over coloring matter, or red corpuscles; that this condition of things is brought about by debilitating influences, or causes, which deteriorate the blood, rendering it defective in iron, thin, watery, and consequently excessive in saline matter—that this preponderance of saline over coloring matter, (iron) gives rise to irritation of nervous system, manifested in nervous pain, without any attending inflammation, which we denominate *idiopathic* neuralgia. It also will be observed that we base this pathology upon, and harmonize it with, the form of treatment that has invariably performed permanent cures, and the form of treatment that is well attested and authenticated by the most eminent medical writers of the past.

We will in the next place notice some of the *symptomatic* cases, also the modifications, and peculiarities of the disease under consideration. We not unfrequently see persons suffering with *aches* and *pains* denominated neuralgic, that have

their origin in many other than the pathological condition above set forth as the true pathology of the malady in question. I do not ignore the fact that any pain arising from irritation of brain or nervous system and not attended by inflammation, is neuralgia, according to the construction put upon the term by Wood and others. But granting this, only serves to verify, rather than disprove our position; for we only claim that the affection is caused by irritation. And those cases of the disorder that will not bear, or do not demand tonic treatment, are generally produced by some accidental occurrence, as in nephralgia when caused by a calculus in the kidney or ureter, or when a predisposition is excited into action by a carious tooth, or by any mechanical injury which may be accidentally inflicted upon a nervous trunk or plexus of nerves. Such cases we, for reasons afore mentioned, denominate *symptomatic*. They generally for their removal demand depletives and narcotics, especially the latter.

The disorder, as aforesaid, frequently assumes a remittent or intermittent character, especially is this applicable to those attacks which occur in malarial districts. But this fact only serves to still further substantiate our views as above recorded; for the malarial poison deteriorates the quality of the blood as surely and speedily as any other known agent. But it is not solely due to the malarial influence that the affection is paroxysmal; for in *that*, is only evinced the universal, and I may say immutable characteristic of irritation, which has *always* a disposition to intermissions, remissions, and exacerbations. In those cases ferruginous tonics, in combination with vegetable antiperiodic medicines are required for the permanent removal of the difficulty.

We have done with the pathology of neuralgia, and if it be correct it will certainly direct in a more sure and successful path, those who have the painful and unbearable difficulty to deal with and treat. Whether it be the correct pathology or not, we can certify to one thing, which is this: that we invariably address our remedies, when called to a case of the disorder, to the pathological conditions above recorded; and we have quite recently permanently cured a number of cases which have harassed the patients from one to three years.

Will here report the particulars of one case, in order to give our plan of management when called to an obstinate case.

Was called in the month of January, to Mrs. H., the mother of two children, and aged about thirty years. She is of the nervo-bilious temperament. Said she had suffered more or less with an obstinate pain in the right side of the head for the past three years. Had been treated by Dr. W., Dr C., and Dr.—we can't say who else, and that none of them had even palliated the trouble for her. Her physical appearance evinced an anemic state of system; and upon closer examination she was found to be suffering with the most positive general debility, having in attendance all those functional derangements characteristic of that condition.

Diagnosis; Hernicrania: Therapia:

R	Chiniodine,	24 grs.
	Pulvis. Au. Cap.	5 grs.
	Strychnia,	1 gr.

Mix—fiat. pil. No. 10 Dose—a pill before each meal.

After using the above sufficiently long to break down the paroxysms, and give the patient relief, we prescribed the following:

R	Quevennes Iron,	60 grs.
	Quinine,	60 grs.
	Ext. Hyosciamus,	40 grs.
	Pulvis. Ann. Cap.	20 grs.

Divide into 40 pills: dose—a pill after each meal, and to be continued until completely relieved of debility.

The patient did well from the commencement of the treatment, and is now restored to perfect health, at least as far as neuralgia is concerned.

The above is a fair specimen of our treatment when called to a case of, what we have termed in the present article, *idiopathic* neuralgia; and we can truthfully say, so far as our limited experience extends, we have *invariably* met with the *best* of success, having never failed to afford permanent relief in such cases.

REPORTS OF SURGICAL CASES.

By E. ANDREWS, M. D.,
Professor of Surgery in the Medical Department of Lind University.

Discoloration of the Crystalline Lens.—Mr. —, of —, Ill. applied to me for an examination of his eye. He had come in from the country to be treated for blindness, and applied to a notorious advertising eye quack who practices in this city. He paid him fifty dollars in advance, and received in return a valuable promise of relief. Having spent some time under his care without material advantage, he at length got his eyes opened—not to the sunlight, but to the fact that he was in the hands of a deceiver—and was out of money. In this situation he called upon my colleague, Prof. Hollister, who pitying his condition, gave him his own advice freely, and also brought him to the notice of myself and Dr. Holmes. It appeared that the quack had pronounced the case to be amaurosis, and had given a passably good treatment for that disease, but neglected to make a proper internal examination of the eye. On examination we found the organ looking nearly natural, the pupil appearing black, and to the naked eye seeming perfectly clear. The edge of the iris was a little altered by former inflammation, and adherent to the lens so as not to dilate on the application of atropine.

The case had therefore all the appearance superficially of a true amaurosis.

On testing the condition of the retina, we found, however, that the patient could see a candle across a room, and distinguish accurately the position of any bright object, and even sometimes the form of large distinct letters. This test, which is the one adopted by the best authorities for determining the power of the retina in cases of cataract, showed that membrane to be in a good condition, and that the quack diagnosis was a complete error. The ophthalmoscope confirmed our opinion, by showing that there was some dark semi-opaque substance in the eye which prevented any clear view of the posterior surface of the organ. On testing the eye by the reflection of a candle, only the anterior image could be produced, showing

that the crystalline lens was no longer smooth, and that light was not transmitted clearly through it. In short, it was either a true black cataract, or else a discoloration of the lens by adhesion of pigment from contact with an inflamed and contracted iris.

We advised the patient to discontinue all medication, and whenever he was able to come again to the city, to place himself in competent hands for removal of the cataract by operation.

Fractures of the Skull. Case 1.—R. W., aged 10 years, was kicked by a horse in the forehead. On my arrival at the house I found him with a wound in the eye-brow, which communicated with a fracture in the outer table of the skull, produced apparently by the cork of the horse's shoe. The fractured portion was a little depressed upon one side, but as there were no symptoms of compression of the brain, and the patient retained all his mental faculties perfectly, I did not interfere with the bone. The skin was simply drawn together with adhesive straps, and left for union. In this patient, although so young, I think the frontal sinuses were so much developed that the fracture was purely in the front wall of the sinus, while the inner table behind those cavities was not injured. The result justified this view, for in ten days the wound was healed, and the child well without any untoward symptoms.

Case 2.—J. A., fell upon a railroad track in front of a hand car. The wheel struck the frontal bone, near the sagittal suture, producing a depressed fracture, and the usual coma and stertor, and the other symptoms dependent on compression of the brain. On my arrival, some hours afterwards, I found the patient partly recovering his senses, and the symptoms of compression so far passing off as to render the trephine scarcely necessary, so far as that condition was concerned.

The examination of the injury, however, showed the following condition. The skull was fractured at the point of injury, and the bone comminuted and driven, in a concave form by

the blow of the rounded flange of the car wheel. The fragments were impacted together, so as to form an inverted arch capable of obstructing completely the escape of pus, or any necrosed fragments of the inner table, should either result from the injury. I judged it safest therefore to apply the trephine. On penetrating through the external table, the button of bone thus formed separated from the inner table and came away alone. The inner table was found extensively splintered, and separated both from the outer table and the dura mater. One of the splinters had penetrated to the brain, allowing a small quantity of the gray matter to ooze out. After elevating the firmer parts of the depression and removing the loose pieces, the scalp was drawn over the part, and a cold water dressing applied. The other injuries of the patient now claimed attention. A great number of small cuts, scratches and bruises existed, but the chief trouble was a double fracture of the jaw. The lower maxilla was broken through on both sides, and the central portion thus deprived of support was retracted by the action of genio-hyoid muscles, and could not be retained in its natural position by the ordinary dressings. I therefore called in a dentist, who took an impression of the inside of the mouth in plaster of paris, by means of which he moulded a silver plate to fit over the arch of the teeth. This being done, the lower jaw was strapped up against the upper, and made to retain its form perfectly. The patient, of course, was fed upon liquid food.

On the second day, I was alarmed to perceive evidences of a decided suppurative diathesis. Every scratch upon the body began to exude pus. I administered equal parts of muriatic acid and muriated tincture of iron in doses of 30 drops every hour. In twenty-four hours more I was relieved to find the suppurative tendency perfectly controlled, and the appearance of all the wounds much healthier. From this time onward the progress was favorable, and the patient made a complete and rapid recovery.

Case 3.—This patient received a blow on the head from some object at a railroad accident. The upper part of one parietal bone was fractured and depressed. The case presented

no unusual phenomena; the trephine and elevator were applied and a good recovery followed.

Injuries Simulating Fractures of the Skull. Case 1. A man was thrown from a wagon and taken up in an insensible condition. I had him conveyed to his house and there made an examination. The patient was comatose, but the pulse not as slow as in most cases of compression. On the occipital bone there was a distinct depression, with one well defined edge, but no injury to the scalp. After careful examination, I decided to await further developments, as the depression did not present all the appearances of a recent injury. After two hours the patient was perfectly conscious; the depressed spot was not sore, nor did it present any appearance of violence. In short, it proved to be an accidental irregularity, either congenital, or else the result of some old injury. The man made a good recovery.

Case 2. A boy, aged 12 years was thrown from a wagon. On examination I found the scalp separated from a portion of the occipital bone, but not torn. The separated patch was distended with blood, making a soft fluctuating tumor. At the lower part of the tumor, at the insertion of the trapezius muscle, there was a blunt edge to be felt with an apparent cavity above it. The patient was comatose, but the breathing was not stertorous, nor did the pulse indicate compression. I opened the tumor, evacuated the blood, and explored the cavity with my finger. The skull was perfectly sound, and the prominent ridge which I felt at first proved to be the upper end of the trapezius muscle, which was torn from its insertion and presented a sort of sharp edge under the skin. The patient was more or less impaired in his mental functions for several months after the injury, but finally recovered.

TENTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY.

HELD IN PARIS, ILL., MAY 8TH AND 9TH, 1860.

FIRST DAY.—MORNING SESSION.

The Society met in the Elliot Chapel, and was called to order at 10 o'clock, A. M., by Dr. H. W. Davis, one of the Vice-Presidents; the President being absent.

Dr. S. York, Chairman of the Committee of Arrangements, welcomed the members of the Society to the hospitalities of the profession and citizens of Paris, and reported the following delegates and permanent members as present:

DELEGATES.

- Dr. J. A. W. Hostetter, of Decatur, from Macon Co. Med. Soc.
 " Ira B. Curtis, do. do. do.
 " R. H. Brown, of Mahomet, from Champaign Co. Med. Soc.
 " John Swain, of Champaign do. do. do.
 " R. G. Laughlin, of Heyworth, McLean Co. Med. Soc.
 " T. D. Fisher, of LeRoy, do. do. do.
 " T. K. Edmiston, of Clinton, Dewitt Co. Medical Society.
 " J. H. Apperson, of Bourbon, Douglas Co. Med. Society.
 " D. E. Foote, of Belvidere, Boone Co. Medical Society.
 " D. W. Stormont, of Grandview, Esculapian Med. Society.
 " L. L. Todd, of Paris, Esculapian Medical Society.
 " W. M. Chambers, of Charleston, Eberle Co. Med. Society.
 " N. S. Davis, of Chicago, Med. Department Lind University.
 " J. W. Freer, of Chicago, Rush Medical College.
 " E. L. Holmes, of Chicago, Char. Eye and Ear Infirmary.

PERMANENT MEMBERS.

- Dr. J. S. Whitmire, of Metamora, Woodford Co.
 " G. Beeman, of Decatur, Macon Co.
 " S. T. Trowbridge, of Decatur, Macon Co.
 " J. M. Steele, of Grandview, Edgar Co.
 " S. York, of Paris, Edgar Co.

Dr. John Tenbrook, of Paris, Edgar Co.

“ H. Rice Payne, of Marshall, Clark County.

“ H. W. Davis, of Terre Haute, Ind., formerly of Paris.

The Secretary then read the roll of members, and distributed copies of Transactions containing the minutes of the last annual meeting.

The Society then took a recess of ten minutes to enable the delegates and members from each county represented to report one of their number to act on a committee for nominating officers and filling standing committees for the ensuing year.

The Society having been called to order, the following were reported as members of the Nominating Committee :

Dr. W. M. Chambers, of Coles Co.

“ J. S. Whitmire, of Woodford Co.

“ T. K. Edmiston, of Dewitt Co.

“ E. L. Holmes, of Cook Co.

“ John Swain, of Champaign Co.

“ J. H. Apperson, of Douglass Co.

“ R. G. Laughlin, of McLean Co.

“ D. E. Foote, of Boone Co.

“ Ira B. Curtis, of Macon Co.

“ H. Rice Payne, of Clark Co.

“ J. M. Steele, of Edgar Co.

On motion of Dr. J. W. Freer, the nominating committee was requested to defer any action until 3½ o'clock, P. M., as delegates from other counties were expected to arrive in the afternoon trains.

On motion of Dr. W. M. Chambers, the regular order of business was suspended for the purpose of electing permanent members.

L. D. Martin, M. D., of Shelbyville, Shelby Co., proposed by W. M. Chambers.

Charles Johnson, M. D., of York, Clark Co., proposed by H. R. Payne.

John H. Clark, M. D., of Decatur, Macon Co., proposed by Ira B. Curtis.

Ezra A. Steele, M. D., of Chicago, Cook Co., by N. S. Davis.
 J. T. Pearman, M. D., of Elbridge, Edgar Co., by D. W.
 Stormont.

A. H. Kimbrough, M. D., of Georgetown, Vermillion Co., by
 Wm. M. Chambers.

D. O. McCord, M. D., of York, Clark Co., by Dr. H. R. Payne.
 Charles Gorham, M. D., of York, do. do. do.

On motion of Dr. W. M. Chambers, the above named gentlemen were unanimously elected permanent members of the Society.

B. F. Swafford, M. D., of New Goshen, Ind., was nominated for permanent member, when the question was raised whether it was proper to elect permanent members residing out of this State. The question was discussed by Drs. Edmiston, Whitmire, H. W. Davis, and N. S. Davis.

The following resolution was offered by N. S. Davis, and adopted:

Resolved. That the constitution of this Society does not contemplate the election of permanent members residing out of the State. But a permanent member of this Society elected while residing in this State, does not loose his membership by merely moving out of it.

Dr. D. W. Stormont moved that a committee of three be appointed on unfinished business, which was seconded and adopted. The president appointed Drs. D. W. Stormont, T. K. Edmiston, and H. R. Payne said committee.

Dr. B. F. Swafford, of New Goshen, Ind., and Dr. Hedges, of Clinton, Indiana, were unanimously elected members by *invitation*.

On motion of Dr. W. M. Chambers, the delegates appointed at the last annual meeting to attend the meeting of the American Medical Association, were requested to report at 10 o'clock A. M., to-morrow, whether they can act as said delegates.

On motion, the Society adjourned to 2 o'clock, P. M.

AFTERNOON SESSION.

At 2 o'clock, P. M., the Society was called to order, Dr. S. T. Trowbridge, one of the Vice-Presidents in the chair.

The minutes of the previous session were read and approved.

The following named gentlemen were unanimously elected permanent members, viz:

J. W. Lawrence, M. D., of Carbondale, Jackson Co., proposed by S. York.

John W. Frizell, M. D., of Bloomfield, Edgar Co., by S. York.

J. D. Mitchell, M. D., of Darwin, Clark Co., by H. R. Payne.

The following members were then added to the nominating committee:

Dr. L. D. Martin, of Shelby Co.

A. H. Kimbrough, of Vermilion Co.

John W. Lawrence, of Jackson Co.

T. D. Fitch, of Henry Co.

A. W. Heise, of Will Co.

The reports from Standing Committees being in order, a communication and report from Dr. C. Goodbrake, chairman of the committee on Practical Medicine, was presented by the Secretary. After a considerable part of the report had been read by the Secretary, on motion of Dr. W. M. Chambers, it was referred to the Committee of Publication, with discretion to publish so much as they deem proper.

During the reading of the report on Practical Medicine, the President, Dr. David Prince, of Jacksonville, arrived and took the chair.

The Committee of Arrangements also reported as present the following additional delegates and members:

Dr. T. D. Fitch of Kewanee, from Henry Co. Medical Society.

" A. W. Heise, of Joliet, from Will Co. Medical Society.

" A. R. Spears, of Kansas, from Esculapian Society.

" Daniel Brainard, of Chicago, from Rush Medical College.

" DeLaskie Miller, of Chicago, from City Hospital.

" David Prince, of Jacksonville, Permanent Member.

Dr. J. S. Whitmire, of Metamora, presented and read a

report on the Treatment of Rheumatism, which was referred to the Committee of Publication.

The Committee on Drugs and Medicines being called, the Secretary read a letter from Dr. F. K. Bailey, of Joliet, chairman of the committee, apologizing for the failure to report, which letter was referred to the Nominating Committee.

The Treasurer, Dr. J. W. Freer, of Chicago, presented and read his annual report, as follows :

ILLINOIS STATE MEDICAL SOCIETY,

To J. W. FREER, *Treasurer*, Dr.

To Cash paid Wm. Cravens for Printing Transactions	
for 1859,	\$158 00
" " " Dr. J. W. Philips, for Prize Essay,...	50 00
" " " Dr. A. S. Hudson, Prize Essay,.....	20 00
" " " Postage,.....	1 50
	\$229 50

CR.

By Cash for Annual Assessment and Initiation Fees,	\$190 00
" " of Dr. N. S. Davis for Prize Fund,.....	20 00
" " Dr. Blaney, former Treasurer Prize Money,	30 00
" " Dr. J. M. Steele, for Prize Essay on Opium,	20 00
	\$260 00

Balance in the Treasury,....\$30 50

The report was accepted, and ordered to be printed in the proceedings of the Society.

The Committee to nominate officers for the ensuing year, presented the following report :

FOR PRESIDENT.

Wm. M. Chambers, M. D., of Charleston.

FOR VICE-PRESIDENTS.

T. K. Edmiston, M. D., of Heyworth.

H. R. Payne, M. D., of Marshall.

TREASURER.

J. W. Freer, M. D., of Chicago.

Place for the next annual meeting, Jacksonville, Morgan Co., Ill.

On motion, the report was accepted and adopted unanimously.

On motion, the Society adjourned until 8 o'clock, P. M., to hear the Annual Address.

EVENING SESSION.

At 8 o'clock, P. M., the Society, with a large audience of citizens, assembled in the Chapel, and were called to order by the President. Dr. N. S. Davis, of Chicago, then delivered the Annual Address. The subject was the "Mutual relations and consequent mutual duties of the medical profession and the community." Its delivery occupied three-quarters of an hour, and was listened to with marked attention and pleasure.

Dr. David Prince, of Jacksonville, the retiring President, then read an interesting valedictory address, on the legal relations and responsibilities of the physician and surgeon.

On motion, the Society adjourned to 9 o'clock, A. M.

SECOND DAY.—MORNING SESSION.

At 9½ o'clock, A. M., the Society was called to order by the President, Dr. D. Prince, who after a few remarks, introduced the President elect, Dr. W. M. Chambers, to the chair. Dr. Chambers thanked the Society for the honor conferred upon him, and proceeded with the regular order of business. The Secretary read the minutes of the last meeting, which were corrected and approved.

The report of the Standing Committee on Obstetrics being called for, Dr. W. H. Byford, the chairman, was absent. He had prepared a report, however, which was presented by the Secretary, and an abstract of the same read, when on motion the report was referred to the Committee of Publication.

Dr. DeLaskie Miller, of Chicago, from the Special Committee on the Hygiene and Sewerage of Cities, presented and read a report, which was accepted and referred to the Committee of Publication.

On motion of Dr. S. York, the order of business was suspended for the purpose of hearing from the delegates appointed at the last meeting of the Society, to attend the American Medical Association, and to fill such vacancies as may be found to exist.

Six of the delegates previously appointed announced themselves as unable to attend the coming meeting in New Haven, and their places were filled by the following: Dr. Z. H. Whitmire, of Metamora; Dr. John Tenbrook, of Paris; Dr. A. A. Dunn, of Cambridge; Dr. Charles Johnson, of York; Dr. A. H. Luce, of Bloomington; Dr. T. D. Fitch, of Kewanee.

Dr. Z. H. Whitmire, of Metamora, Ill., was proposed by W. H. Davis. Dr. A. A. Dunn, of Cambridge, Henry Co., was proposed by T. D. Fitch, and both unanimously elected permanent members of this Society.

The hearing of reports from Standing Committees was again resumed.

Dr. D. Brainard, of Chicago, chairman of the Committee on Surgery, presented his report, consisting of a paper written by himself; another by Dr. E. Powel, of Chicago, on Fractures; and another by Dr. D. Prince, of Jacksonville, on Silver Sutures. He also exhibited to the Society several new surgical instruments, with extempore comments on their utility.

Dr. D. Prince moved that the report of Dr. Brainard be accepted and referred to the Committee of Publication, with instructions to print the same, which was adopted.

On motion the Society adjourned.

SECOND DAY.—AFTERNOON SESSION.

At 2 o'clock, P. M., the President, Dr. Chambers, called the Society to order. The Secretary in behalf of the Committee of Publication presented the following report, which was accepted, and its recommendations adopted, viz:

Report of Permanent Secretary in behalf of the Publishing Committee.

As soon as practicable after the last Annual Meeting, the Transactions of the Society were sent to the printers for publication.

400 copies were printed, 150 of which have been distributed to members of the Society, the Editors of Medical Journals, and the Secretaries of other State Medical Societies. 250 copies remain on hand for the use of the Society. The Transactions of all previous years remain as represented in the report of last year. The expense of printing the Transactions for 1859 was \$158.00, as stated in the report of the Treasurer. Besides this, the Permanent Secretary has paid in postage on copies of the Transactions distributed, and in letters in relation to the business of the Society, five dollars more, a bill for which accompanies this report.

From the fact that the printed copies of the Constitution and Bye-Laws of the Society are nearly exhausted, your Committee would recommend that they, together with all amendments, be published with the Transactions of the present meeting.

N. S. DAVIS,

Paris, Ill., May 9th, 1860.

Permanent Secretary.

The Committee on Nominations then presented the following report, which was accepted and adopted:

That the annual assessment for 1860 be *two* dollars.

STANDING COMMITTEES.

Committee of Arrangements.

Dr. D. Prince of Jacksonville.

“ O. M. Long, of Jacksonville.

“ A. McFarland, of do.

“ N. English, do.

“ Henry Jones, do.

Committee on Practical Medicine.

Dr. S. T. Trowbridge, of Decatur, Macon Co.

“ John Swain, of Champaign, Champaign Co.

“ D. E. Foote, of Belvidere, Boone Co.

Committee on Drugs and Medicines.

Dr. F. K. Bailey, of Joliet, Will Co.

“ R. G. Laughlin, of Heyworth, McLean Co.

“ H. R. Payne, of Marshall, Clark Co.

Committee on Obstetrics.

Dr. T. D. Fitch, of Kewanee, Henry Co.

“ DeLaskie Miller, of Chicago, Cook Co.

“ J. B. Curtis, of Decatur, Macon Co.

Committee on Surgery.

Dr. A. W. Heise, of Joliet, Will Co.

“ J. W. Freer, of Chicago, Cook Co.

“ E. Andrews, do. do.

SPECIAL COMMITTEES.

Itinerant Practitioners.

Dr. S. York, of Paris, Edgar Co.

“ J. H. Apperson, of Bourbon, Douglass Co.

“ John Wright, of Wapella, DeWitt Co.

Diseases of the Eye.

Dr. E. L. Holmes, of Chicago, Cook Co.

Typhoid Fever

Dr. H. Noble, of Heyworth, McLean Co.

“ Hiram Nance, of Layfayette, Stark Co.

“ L. D. Martin, of Shelbyville, Shelby Co.

Stomatitis Materni.

Dr. A. J. Crane, of Champaign City, Champaign Co.

Medical Electricity.

Dr. J. A. W. Hostetter, of Decatur, Macon Co.

Assistant Secretary.

Dr. O. M. Long, of Jacksonville.

Report from the Special Committee on Chlorosis being called for, Dr. E. W. Moore, chairman of the committee, was absent, but had sent a communication to the effect that he had been prevented from finishing his report by sickness, but would have it completed in a few days and leave it at the disposal of the Society. On motion, Dr. Moore was requested to finish his report, and forward it to the Committee of Publication.

Dr. A. Hard, of Aurora, chairman of the Committee on *Veratrum Viride*, had sent his report, which was read by the Secretary, and referred to the Committee of Publication.

Dr. E. L. Holmes, of Chicago, chairman of Special Committee on Diseases of the Eye, presented and read his report, which was accepted and referred to the Committee of Publication.

Dr. N. S. Davis presented and read an abstract of a paper on the Food of Infants when deprived of the milk of the mother; which was accepted and referred to the Committee on Publication.

Dr. N. S. Davis was requested to continue his researches as a Special Committee on the Changes in the Blood during continued Fevers.

Dr. D. W. Stormont, from the Committee on Prize Essays, reported that only one Essay had been received; and that came into the hands of a majority of the committee at so late a period that they have been unable to read it. The committee therefore recommend the continuance of the offer for Prize Essays another year; and that the present essay remain as a competitor for it. The report of the committee was accepted and adopted.

Dr. DeLaskie Miller, of Chicago, was requested to continue as a Special Committee on the Hygiene of Cities.

Dr. H. W. Davis, of Terre Haute, Ind., was appointed a Special Committee on Serous Inflammation.

Dr. D. W. Stormont, chairman of the Committee on Registration, made the following report, which was accepted and adopted:

The Committee on the Registration Law, as instructed at the last meeting of the Society, would present the following petition for the signature of the officers, viz:

To the Honorable, The General Assembly of the State of Illinois: The undersigned, Officers of the Illinois State Medical Society, in behalf of said Society, respectfully ask your Honorable Body to pass a Law for the Registration of the

Births, Marriages and Deaths in this State. Sanitary science demands it, and the interests of the people would be greatly advanced by it. Signed by order of the Society, adopted at the tenth annual meeting, held in Paris, Edgar Co., May, 1860.

The Committee have prepared a Law, which will be laid before the Legislative Committee having this matter in charge.

We would request each Local Medical Society to memorialize the Legislature on this subject. Will some member in each Society see that this matter is attended to?

Respectfully submitted.

D. W. STORMONT.

Chairman of Committee.

Dr. J. S. Whitmire, of Metamora, offered the following resolution, which was adopted unanimously :

Resolved, That the thanks of this Society are due to the Physicians of Paris in particular, and to the Citizens generally for the hospitable manner in which they have entertained its members during its present session. And that we will carry home with us the kindest regards for their future prosperity and welfare.

Dr. Brown offered the following resolution, which was adopted unanimously, and together with that offered by Dr. Whitmire, was ordered to be printed in the local papers in Paris.

Resolved, That the thanks of the Illinois State Medical Society are hereby tendered to the Trustees and Members of the Methodist Episcopal Church, for the use of Elliott Chapel during the present annual session of this Society.

Dr. D. W. Stormont, chairman of the Committee on unfinished business reported, that it would be proper to hear from the Committee on Legalizing Dissections, found on page 13 of Transactions for 1859 ; also from Committee on further accommodations for the Insane ; also from a Committee to whom was referred the charges against Dr. White, of Salem ; and to act on the resolutions offered by Dr. Washburn, and found on page 15 of the Transactions ; and an amendment to the constitution found on page 18.

Dr. York, chairman of the committee to memorialize the Legislature in favor of Legalizing Dissections, reported verbally that there had been no session of the State Legislature since the last meeting of the Society, and the committee was continued another year.

Dr. Prince, chairman of the Committee on further accommodation for the Insane and Idiotic, reported verbally, that the work of providing further accommodations for the Insane was already far advanced, but nothing yet done in relation to the training of imbecile and idiotic children. The committee was continued, with instructions to memorialize the next legislature in favor of suitable provision for the education of Idiotic and Imbecile Children.

On motion of Dr. J. M. Steele, the resolutions found on page 15 of the Transactions for 1859, were taken from the table. On motion of Dr. S. York, their consideration was postponed until the commencement of the evening session.

Dr. W. M. Chambers, from the committee to which was referred the charges against Dr. Wm. White, reported that they had notified Dr. White of the charges preferred by Dr. Haller, and that he could be heard in defence at this meeting of the Society, or in any other way he might think best for the interests of all parties. The committee had received no reply or communication from him of any kind. After reading some of the evidence furnished by Dr. Haller in support of his charges, Dr. H. W. Davis moved that Dr. Wm. White, of Salem, be expelled from this Society, which was adopted by a unanimous vote.

The constitutional amendment found on page 18 of the Transactions for 1859, making the *time* of each annual meeting depend on the vote of the Society, as well as the place, was taken up and adopted unanimously.

Dr. Prince moved that the time of holding the next annual meeting of the Society be on the first Tuesday of May or June, to be determined by *notice* of the Secretary, when it shall be known what time the meeting of the American Medical Association is to be held in 1861. Adopted.

On motion of Dr. R. G. Laughlin, Dr. T. K. Edmiston of Clinton, was appointed a delegate to represent this Society in the next meeting of the Ohio State Medical Society, to be held at White Sulphur Springs.

On motion of Dr. Brown, Dr. John Swain, of Champaign, was appointed a delegate to represent this Society in the next annual meeting of the Kentucky State Medical Society.

On motion of Dr. T. D. Fitch, Drs. N. S. Davis and David Prince, were requested to furnish to the Committee of Publication copies of their addresses for publication in the Transactions of the Society.

On motion of Dr. T. D. Fitch, the Secretaries of Local Societies were requested to procure the publication of the address of Dr. N. S. Davis, in as many of the newspapers of the several localities as possible.

Dr. J. H. Whitmire, of Metamora, was appointed a special committee to report on Erysipelas.

The following named members were duly nominated and elected delegates to attend the annual meeting of the American Medical Association for 1861 :

Dr. A. W. Hostetter, of Decatur, Ill.

“ J. S. Whitmire, of Metamora, Ill.

“ Charles, Johnson, of York, Ill.

“ R. H. Brown, of Mahomet, Ill.

“ T. D. Fitch, of Kewanee, Ill.

“ J. M. Steele, of Grandview, Ill.

“ Geo. Beman, of Decatur, Ill.

“ S. York, of Paris, Ill.

“ H. W. Davis, of Terre Haute, Ind.

“ D. E. Foote, of Belvidere, Ill.

“ D. Prince, of Jacksonville, Ill.

“ W. M. Chambers, of Charleston, Ill.

“ C. Goodbrake, of Clinton, Ill.

“ H. R. Payne, of Marshall, Ill.

“ C. N. Andrews, of Rockford, Ill.

On motion, Society adjourned to 8 o'clock, P. M.

SECOND DAY.—EVENING SESSION.

At 8 o'clock, P. M., the Society was called to order by the President, Dr. W. M. Chambers.

Dr. O. Q. Herrick, of Kansas, permanent member, arrived and took his seat.

The president announced the following committee on Prize Essays for the ensuing year: Drs. H. A. Johnson, J. V. Z. Blaney, and E. L. Holmes, all of Chicago.

Dr. T. D. Fitch moved to take up the following resolutions, offered by Dr. Washburn at the last annual meeting of the Society:

Whereas, The American Medical Association is a national Association, composed of delegates and members from all parts of the United States, meeting on terms of perfect equality:

Therefore, *Resolved*, That in the opinion of this Society, all the officers of the Association should be selected strictly with reference to *merit*, and without any regard to their place of residence.

Resolved, That the custom of selecting the President of the Association exclusively from the profession of the city in which the Annual Meeting is held, is not only derogatory to the general character of the organization, and calculated greatly to lessen the honor which should attach to that office, but past experience has shown that it leads directly to local divisions, jealousies, and injurious partisan strife.

Resolved, That the delegates from this Society to the Association, be instructed to use their influence to abrogate the custom alluded to in the preceding resolution.

Resolved, That the Secretary be directed to furnish copies of the foregoing resolutions to other State and Local Medical Societies, and ask their attention to the same.

The motion was seconded by Dr. J. M. Steele, and after some remarks by Drs. Steele, Brainard, York, and Whitmire the preamble and resolutions were adopted almost unanimously.

The report on Itinerant Practitioners being called for, Dr.

Curtis, one of the committee, made an amusing verbal report; after which, Dr. H. W. Davis, of Terre Haute, chairman of the committee, read a lengthy report in the form of a satirical poem, which was listened to with interest.

On motion of Dr. J. S. Whitnire, the thanks of the Society were tendered to Dr. Davis for his report, and a cane ordered to be presented as a token of their appreciation of its merits.

On motion of Dr. Brainard, the President was appointed to deliver the public annual address at the next meeting of the Society.

On motion of Dr. Brainard, the Society adjourned *sine die*.

N. S. DAVIS,

Paris, Edgar Co., Ill.

Permanent Secretary.

BOOK AND PAMPHLET NOTICES.

THE LIFE OF JOHN COLLINS WARREN, M. D.: Compiled chiefly from his Autobiography and Journals By EDWARD WARREN, M. D., in two volumes, Octavo. Boston: Ticknor and Fields. 1860.

This is the title of a work, very neatly gotten up by the publishers, which all lovers of Biography, and especially of the biography of medical men, will be likely to purchase and peruse with pleasure.

Dr. J. C. Warren, late of Boston, attained a very high rank as a surgeon and a teacher; and all the more important facts and incidents of his life will be sought after and preserved, not only by the present generation to whom his name is familiar, but by succeeding generations, so long as the profession itself is cultivated and cherished among men. Dr. Edward Warren, the compiler of this work, had in his possession the most ample materials, and he has used them in such a way as to make two volumes of about 400 pages each, which should be read by every physician in our country.

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS: A new and important medical work, just issued by Messrs. TICKNOR & FIELDS.

This is a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*Methods*" for the therapeutical employment of Electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle-fibres) liable to be involved; moreover presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every-day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language.

A more extended notice will be given after we have had time to examine the work more carefully.

TRANSACTIONS OF THE THIRTY-SIXTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA: Held in April, 1859.

This is a pamphlet of 22 pages, containing the simple record of proceedings of the Annual Meeting, and the Address of the President of the Society, Prof. Levin S. Joynes, of Richmond, Va. The address is well written and may be read with interest and profit by all. The design of its author was, doubtless, to awaken more interest in the State Society, on the part of the physicians of that State.

In the record of proceedings is a copy of the bill for establishing a *State Record of Medical Examiners*, which was adopted by the Society and recommended to the State Legislature.

It is well known, that we have been for many years in favor of the establishment of similar Boards in every State in the Union, by which all candidates for admission into the profession should be examined whether they possessed a diploma from a Medical College or not. Such a measure, properly executed, would speedily place every Medical College where it should be, strictly on its *merits* as an institution for imparting sound medical instruction.

HISTORICAL AND BIOGRAPHICAL ADDRESS: Delivered before the Cortland County Medical Society, N. Y., at the Fiftieth Anniversary Meeting, Aug. 10th, 1858. By **GEORGE W. BRADFORD, M. D.**, Secretary of the Society.

We are much obliged to our esteemed friend, Dr. Bradford, for a copy of the above address. It contains a brief history of the formation of the Cortland County Medical Society in 1808—a sketch of each of its original founders—and a full list of the members up to the present time. It is full of interesting incidents, and cannot fail to possess much local interest and value.

DIPHTHERITIS: A concise Historical and Critical Essay on the late Epidemic Pseudo-Membranous Sore Throat, of California, (1856-7) with a few remarks illustrating the Diagnosis, Pathology, and treatment of the Disease. By **V. J. FOURGEAND, M. D.** Sacramento: 1858.

We have recently received a monograph, with the foregoing title, containing 44 pages, well filled with interesting facts and observations, concerning a disease that has attracted much attention during the last few years. We place the Essay on record as an important contribution to the literature of that subject.

ON THE DIFFICULTIES AND ADVANTAGES OF CATHETERISM OF THE AIR-PASSAGES IN DISEASES OF THE CHEST. By **HORRACE GREEN, M. D., L. L. D., etc.** New York.

This is an essay of 24 pages, in which the author endeavors to show that it is practicable to introduce a proper tube into the trachea, and through it into the larger bronchial tubes, and to inject a solution of Nitrate of Silver into the lungs; not only without injurious effects, but with benefit.

That such catheterism and injections are practicable, we are not disposed to deny. But that they are beneficial or even free from danger, is very far from having been proved by the author; and we would advise all practitioners to be very cautious how they attempt to imitate the practice recommended by **Dr. H. GREEN.**

SELECTIONS.

(From the London Medical Times and Gazette.)

Biography of Claude Bernard.—The intensely interesting and highly instructive Lectures on Experimental Pathology and Operative Physiology, which have been recently commenced at the College of France, by M. Claude Bernard, being about to appear in the columns of the *Medical Times and Gazette*, a brief notice of the labors and scientific career of their distinguished author may not be without interest for the reader.

M. Claude Bernard was born in 1813, at St. Julien, near Villefranche, in the department of the Rhone. I am unable to state exactly in what year he commenced his medical studies, but it must have been about '34 or '35, for, in 1839, he, after undergoing the customary ordeal, entered one of the Paris Hospitals as "*interné*."

Two years later he became attached to the lecture-room of the celebrated Magendie, at the College of France, his position being that of "*preparateur*." In other words, the duty devolved on him of making all the preliminary arrangements which the proposed experiments of that distinguished professor might require.

In 1843, the youthful Bernard, after a brilliant examination, and the usual defence of a thesis, was received as M. D.; and in 1853, he obtained the degree of "*Docteur en Sciences*,"—no mean honor, as all those who know the severity of the test must admit.

In 1847 we find him occupying the honorable and important office of "*suppleant*," or substitute to Magendie, and even at times lecturing with very considerable ability to the crowds of scientific men and students who were wont to repair to the lecture-room of that distinguished man. This office, of such high trust and responsibility, he worthily held for seven years.

The natural bias of his mind had, from the very commencement of his studies, inclined him towards physiological researches; but, alas! Bernard was not one of fortune's favorites, and his scanty means forced him to quit the field where he was destined, at a later period, to gain such glorious laurels, and to return to the domain of Surgery. He even went so far as to publish a "*Manuel de Médecine Opératoire*," in collaboration with M. Huet. Circumstances, however, having brought him in contact with Magendie, the marked taste which he speedily evinced for physiology satisfied that great man that he might one day be surpassed by the young aspirant. For-

fortunately for science, Magendie possessed great influence over him, and succeeded in calling him back to his less lucrative but more favorite studies of physiology.

Some short time after this backsliding—if I may be allowed to use the expression—he was called upon to occupy a position of higher importance still, and one more consonant with his independent and speculative nature than that of assistant to another could possibly be. I allude to the chair of physiology, which has just been created, in connection with the Faculty of Sciences.

But higher honors were in store, and thick and fast did they descend on him; for we find that, shortly after having attained to the Professorship, he was elected a Member of the Academy of Sciences, in lieu of M. Roux, the eminent surgeon, whose death has just caused a vacancy in that learned body.

The following year was signalized by an event which profoundly moved the scientific world; namely, the death of Magendie, whose name had been for years identified with the progress of experimental physiology, and who had by his extraordinary success earned for himself the name of "Chief of the Experimental School of Physiology of France." It was well known that the end and object of Magendie in all his teaching and investigations was the subjugation of theory to practice; and in this respect he was a most valuable guide and director to those who were disposed to follow him in his experiments. Skeptical and inquisitive by nature, he mercilessly overthrew whatever would not stand the test of experiment. From such a master the inquiring mind of Bernard could not but take a favorable bias; from such a man he could not fail to draw healthy inspirations. Hence we find Bernard adopting the principles of his esteemed master, and steadily and perseveringly improving and enlarging the field of experimental science—philosophically considering and investigating the normal and morbid manifestations of the animal economy and the laws of life. It was but natural to suppose that the illustrious Magendie should be replaced by his talented pupil; and right worthily has he since filled up the blank which his master's death created, as the attentive and admiring crowds always to be seen in his class-room amply testify. It is not the orator they flock to hear; for as a speaker we daily hear better. So rapidly do his ideas seem to succeed each other that he is often at a loss to find words to clothe them. His voice, though not harmonious, is far from being unpleasant. In stature he is above the middle size, well knit, broad-chested, of a nervobilious temperament—the latter element predominating. A highly intellectual expression of countenance, with a large and

powerful head, give unmistakable evidence of the energy and indomitable perseverance of the man. Though not a rhetorician, in the strict sense of the word, he possesses the rare and happy talent of captivating and enchaining his audience, and inspiring them with the conviction that he is fully and completely master of the subject which he expounds.

But to take a glance at his labors, and what he has already achieved in his particular department. Almost all of his discoveries are of a highly important and practical kind; and they have given, within the last few years, quite a new character to physiological investigation. He has not only struck out new paths, but he has roused the attention of the scientific and the learned to the reconsideration of many fundamental questions which were supposed to have been long settled, but which, in reality, had been but imperfectly established; and he has thereby contributed much to a clearer, a more correct, and a more comprehensive appreciation of the essential functions of the animal economy. As far back as 1844, when he was comparatively a young man, and but newly entered on the field of physiological investigation, he published an elaborate paper on the different secretions of the alimentary canal, and the parts which they respectively play in the digestive process. He had the merit of being the first to show the real mechanism of the secretion of the gastric juice, and the various changes and modifications produced by this liquid on the aliments taken into the stomach. Not less interesting and instructive are the results of his investigations into the saliva and the intestinal secretions generally, and his inquiries into the influence of the different pairs of nerves on the organs of digestion, circulation, and respiration.

But it was in the year 1849 that Bernard first laid the real foundation of his reputation as an experimental physiologist. Prior to this period the real function of the pancreas was involved in obscurity. It had been considered in the light of a salivary gland—a conclusion derived from the similarity of its structure to organs of this class. By a series of carefully conducted experiments, Bernard showed most conclusively that the real function of the pancreas related to the formation of chyle and the digestion of fatty matter taken into the stomach. For this important discovery he was honored with the great prize for Experimental Physiology, awarded by the Academy of Sciences in that year.

In 1850, he made known to the scientific world his first discoveries in connection with the liver; and he showed that this organ—the principal use of which in the animal economy was believed to be the secretion of bile—had, in reality, another

important function, the existence of which had been, up to this time, completely ignored by physiologists. This discovery was no other than that the liver, in its normal condition, besides secreting bile, was constantly producing sugar. To this new function he gave the name of *Fonction glycogenique du foie*. By an immense number of experiments, conducted on species belonging to three of the principal branches of the animal kingdom, he proved to the entire satisfaction of the Academy of Sciences that the blood, before entering the liver by the *venæ portæ*, contains no sugar; while that which leaves the liver, to enter the heart by the hepatic veins, is abundantly charged with this element. He further proved that this new function was intimately connected with and influenced by the nervous system, and that, by operating on the latter at certain points, an artificial diabetes mellitus can be produced at will. This important discovery, which at first met with much opposition, is now, so far as I know, an acknowledged fact; and its importance, as regards the pathology and treatment of diabetes, is too evident to require remark. It follows from it, that this malady is nothing more nor less than the disturbance of a physiological function; and, that function residing in the liver, it is to this organ, and to those parts of the nervous system which influence it, that the medical man must direct his attention, with a view to its cure. For this most important and practically useful discovery, M. Bernard was again awarded the great prize for Experimental Physiology.

In 1851, his researches in connection with the great sympathetic were so highly approved by the Academy of Sciences, that, for the third time, he received the great prize in physiology. They have since been published, and are not the least interesting of his numerous productions. He shows therein, that if a section be made of any of the branches of this nerve, the temperature of the parts which they supplied is instantly and permanently augmented, and that the inverse of this takes when the nerves of the cerebro-spinal axis are divided—in other words, that, in this latter case, there is a manifest diminution of the temperature. Further, that the section of branches of the great sympathetic, besides being followed by increased temperature, is also attended with great vascularity of the parts which these branches supply. It is easy to appreciate, in practical medicine, the great value of these discoveries, which, up to the present time, so far as I am aware, have not been controverted.

Other discoveries on the subject of animal heat, too numerous to be embraced in this notice, have also been made known by M. Bernard. His experiments proving the elective elimi-

nation of certain substances by the secretions, and especially by those of the salivary glands, as well as his discoveries on the special functions of the spinal nerves, are fraught with intense interest and importance, as well to the physiologist as to the practical physician. Indeed, there is hardly a question in the wide domain of physiology and pathology which has escaped his attention.

Having thus touched on the leading points in M. Bernard's scientific life, we must not forget to add that he follows science for science's sake; patiently and perseveringly he toils for seven or eight hours every day in his laboratory. The world deeply indebted to him; and, nevertheless, he is but poorly remunerated. His two professorships—the one at the Faculty of Science, and the other at the College of France—together with the trifling sum derived from the Institute, of which he is a member, constitute in all but a modest income—not greater, perhaps, than that of a moderately busy country practitioner in England. Thus is science honored! thus are its disciples recompensed in military and imperial France!

Before concluding this paper, it may be well to say a few words on the College of France. This institution was founded by Francis I. in 1530, at the joint solicitation of the preacher Parvi and the famous Beaudens. The number of professors, which was at first but limited, amounts now to twenty-eight. These professors—or “Lecteurs,” as they were originally named, from their duty having been, in early times, to read classical authors to the students—give lectures on all the leading subjects in science, literature and art. One peculiarity in this college consists of the perfect liberty accorded to the teachers in their several departments. For example, the Professor who occupies the chair of medicine, has the privilege of teaching any one of the numerous branches of medical science. He may lecture on surgery, materia medica, therapeutics, physiology, or any other subject embraced under the general head medicine.

The edifice is plain, but elegant. Among other apartments, it contains some eight amphitheatres, where lectures are delivered. In several of these certain professors lecture by turn. That used by M. Bernard is exclusively set apart for the chair of medicine. It is a large square room, capable of containing six hundred students. At one side of the room, on an elevated platform, is the professor's chair, immediately in front of which is a table, some ten or twelve feet long, on which all the experiments conducted in public take place. From the front of this platform the seats for the students rise in tiers. The roof is ornamented with four frescoes, representing Hippocrates, Aris-

totle, Buffon and Linnaeus. Elegant as is the general appearance of the room, it has a serious defect: the light being derived from the roof, falls directly on the table, and any delicate operation, requiring close inspection, forces the professor to place his head in a position which effectually intercepts the rays of light on their way to the object under examination. In an adjoining apartment is the laboratory, which consists of two small rooms. In that nearest the lecture-room are some small furnaces, and sundry glass cases, containing the larger instruments required for the experiments. In the centre of this room is a strong, solid table about five feet by three, perforated in sundry places, so as to permit cords to pass through it, to control the movements of the animals subjected to vivisection. The other room resembles a chemist's shop. In it are kept all the chemical and medicinal agents, as well as the smaller instruments. In one corner is a sand-bath, intended for experiments on cold-blooded animals. Beneath these apartments, and connected with them by a stone staircase, are a series of cellars, dark and dismal enough, in which are kept animals of every description—dogs, rabbits, guinea-pigs, etc., etc.,—with here and there huge basins and troughs, filled with frogs and other cold blooded animals—all intended in their turn to be sacrificed and offered up on the altar of science. Although that part of the College of France in which M. Bernard lectures is modern, as compared with the rest of the building, still it leaves much to be desired. The laboratory is too small; and it is a matter of wonder to those who visit it, how the professor, his immediate assistants, and his numerous private pupils, can move about in the pursuit of their studies. It is to be hoped that an amelioration, in this respect, may, ere long, be effected.

Virchow's Views on Cellular Pathology. By G. H. E. BAUMGARTEN, M. D.—The researches of Professor Rudolphus Virchow on "Cellular Pathology, based on Physiological and Pathological Histology," have not been accessible to a great majority of the profession, on account of the German garb in which they were clothed. In the *British and Foreign Medico-Chirurgical Review* for October 1856, his doctrines were criticised and dwelt upon analytically by one who appreciated their weakest points as well as their strongest claims to credence. We condense what Dr. Baumgarten has furnished to American readers as his views of Virchow's pathological theories. The basis of the theory of cellular pathology is the principle that a

single cell or group of cells, operated upon by the same cause of disease, may be altered chemically, morphologically, and functionally, without any primary affection of the blood or the nervous system. As every individual cell is supposed to have an individual function, it is inferred that the function may become deranged, and disease result, and that each cell may become diseased alone, without p. e-existing disease in its vicinity. With this groundwork for a general doctrine of cellular pathology, the views of Virchow are extended to embrace a wide field of scientific theorizing, much of which is doubtless true, but much must also be hypothetical.

After defining the distinctions between an animal cell and a vegetable cell, the importance of the intercellular substance is alluded to, and from the different relations which the cells bear to each other and to the intercellular substance, the mode in which tissues are built up is explained. The group of tissues in which cells have taken a specific development comprises those which are essential for the character of an animal, as nerve, muscle, and the vascular system. Those tissues in which the cell not only labors for its own nutriment, but also furnishes a certain quantity of substance outside of its walls, comprise the connective tissue and all that is related to, or developed from it, including areolar tissue, cartilage, mucous tissue, adipose tissue, and bone. Pathological formations may be classified on the same principles as the normal tissues just referred to, and, in this sense, heterology of pathological products does not exist. *Heterological* formations, they can be called, only so far as they have elements analogous to some physiological formation, existing on a spot where they ought not to grow, (*heterotopical*), or at a time when they should not exist, (*heterochronical*), or only in a greater quantity than is proper, (*heterometrical developments*.) The physiology of the nutritive process must be understood before the pathological condition can be thoroughly intelligible.

In the processes of active hyperæmia, the muscular elements of the artery are essentially active, relaxation speedily following irritation. The dilatation of the vessel depends in all cases on a sort of paralysis of the muscular coat, and "active hyperæmia," so called, consequently does not depend on any vascular action. The greater or less quantity of blood which flows through a part is not the cause of difference in nutrition. If we diminish the quantity of nutritive material, we can prevent a part from absorbing much, but it does not follow from this, that we can compel a part to assimilate more material by offering more blood to it. Nor does an increase in the nutritive processes of a part depend so much on a greater amount of

blood in general or in part itself, as on certain states of the tissues, (*irritation*.) which change its affinities to the constituents of the blood, or on the presence of specific substances in the latter, which are particularly attracted by certain parts of the tissues. An element, destined to abstract substances from the blood, must be intact; any alteration of its molecular, physical, or chemical properties, by disease, will alter the power of executing this attraction. Cellular pathology merely demands that this law, so true in regard to the larger organs, should be admitted as equally applicable to the smaller organs and elements; that it be conceded that an epidermic cell, a cartilage cell, etc., also possesses in some measure the power of attracting materials from the blood according to its wants. The various distinctions between the humoro-pathological doctrine and those of the cellular pathology are pointed out, especially in the view of the blood being an independent formation, regenerating itself by its own resources. The theory of Virchow denies this, and considers the blood as constantly dependent on other organs. The history of the pathology of pyæmia, embolia, and the chemical dyscrasiæ, properly form a part of this branch of the subject, which is discussed at length in the original paper of Virchow. In his theory of independent cell-action, and in his refutation of the doctrine of the neuro-pathologist, he remarks that "every element can be excited to action without any influence or mediation of the nervous system;" and this observation is extended to the different action of different irritants on nearly all excitable parts.

In the limits of this abstract, we can, in addition to the points already considered, merely refer to the remaining subjects of Dr. Baumgarten's analysis of Virchow's views. These are, the phenomena of nutritive irritation, increased assimilation from a direct external irritant, formation, changes in the development of cells, the definition and pathology of inflammation in all its manifold phases, the difference between normal and pathological developments, the formation of mucus and pus, and a number of other materials for reflection and sober consideration. To these are added Dr. Baumgarten's recollections of other views of Virchow, as contained in his lectures and writings. The subject is so minutely histological in its details, that a good deal of the interest which might otherwise be felt in it is lost to those who may find a difficulty in comprehending the refinements of division in which the theory indulges.—(*St. Louis Medical and Surgical Journal*, January 1860.)

The Uterus and its Inflexions. By PROFESSOR ROKITANSKY.

1. The vaginal portions of the uterus of a multipara, and the connected vaginal roof, is formed out of a duplicature or folding-in of the vagina, in which the lower end of the uterus takes a part. So soon as the uterus has passed into the vagina, the latter surrounds it like a ring, forming an intussusception. In front, the doubling is shorter, and is attached by loose cellular tissue. Hence, the anterior lip is thicker, and the vaginal roof more shallow. After many labors the distinctions become less. On section of the uteri of young persons, it is seen that the vagina, after it has formed the duplicature constituting the roof, is continued into the uterus. The mucous membrane and the layer of the two grow into the corresponding tissues. A second, outer, loose, muscular, longitudinal, fibrous layer of the vagina goes outside, over the duplicature, and spreads over the body of the uterus. In more mature uteri, and those which have been pregnant, there is interposed between the mucous membrane of the cervix and the longitudinal, muscular layer, a richer mass of uterus which ends in a point in the anterior lip of the vaginal portion. At the anterior side of the uterus runs the round ligament, separating into two muscular bands; the upper run together at the fundus, the lower under an angle in the neighborhood of the os uteri internum, thus forming a lozenge-shaped space. At the seat of union of the lower bands, in uteri of this description, there strikes a band of about an inch broad, in the form of a bow, the fasciculi of which fix and enlarge the duplicatures. On the posterior wall of the uterus, the ascending band is continued over the cervix into the vagina; or there proceed, also, from the end of this band, in the neighborhood of the os uteri internum, two strips of the form of a sharp bow, to the vagina. The strong mucous membrane of the cervix, and the thicker connective tissue on the posterior wall, do not terminate at the os internum, but, becoming thinner, go on to the body of the uterus. This forms the support of the mass of the uterus, and the foundation of its upright position, and shares essentially in flexions. Inflexion of the uterus, forward or backward, always falls in the region of the os internum. Flexions of the cervix seldom happen. The stratum of connective tissue is always found less thick, looser, thinner, and even wasted away. Hence, ante flexion is more frequent, and in less degree, as it grows to infraction; retro flexion is less frequent, but oftener in extreme degree, and very seldom grows to infraction. Ante flexion, moreover, most commonly appears in the virgin uterus, or at least it is apparently in no relation with labor; retro flexion, on the contrary, hardly ever arises but after repeated labors, or abortions.—(*Allg.*

Wiener Med. Zeitung, No. 17, 1859; *Brit. and For. Med.-Chir. Rev.*, January, 1860.)

2. *On the Origin of Uterine Flexions.* By PROF. VIRCHOW. This writer sums up thus: At the seat of infraction there is found no primary alteration of tissue. Simple relations of pressure, distinguished from actual tumors, cause no antelexions, but mostly retroflexions. Filling of the bladder and rectum cause distinct changes of position of the uterus. The changes are no longer possible when the body of the uterus is fixed at a certain height. In original shortening of a lateral ligament, there are found in children only lateral dislocation and inflexion; in persons beyond puberty, antelexions. Antelexions are more frequent in normal, retroflexions in pathological condition of the uterine walls.

Hence, he draws the following therapeutical deductions: In the history of flexions there is a period of simple predisposition, one of simple flexion, and one of flexion complicated with various inflammatory processes; the predisposition is frequently given by partial forms of peritonitis, which appear with colicky attacks, and are apparently very difficult to mitigate; long retention of urine and feces favor the formation of flexions, especially at the menstrual period, that of child-bearing, etc. enlargements of the uterus, especially when united with relaxation, quickly cause flexions, and the removal of these may materially alleviate them; hence, the antiphlogistic treatment of uterine catarrh, and most careful watching of the menstrual and puerperal processes are necessary; a complete removal of antelexion seems in the highest degree doubtful, while in retroflexion it may be expected. When flexion is connected with consecutive processes, as endo- and peri-metritis, a careful local treatment is necessary.

Virchow remarks upon the views of Rokitansky, as given in the preceding article, and does not regard atrophy at the seat of infraction as primary or essential, for in antelexions of infantile and maiden subjects there is not the slightest alteration of the uterine wall to be found. He does not consider the anatomical description of Rokitansky as in all points correct; thus, the mucous membrane of the cervical canal cannot be called callous, for it is here relatively thin; it more resembles granulation tissue. The fibro-muscular tissue of the uterus is found as well in the body as in the neck; it contains more muscular fibres and vessels in the body, and more fibrous connective tissue in the neck. Toward the mucous membrane the muscular fibres in both places cease, and there is found a distinct, apparently thick, but in the normal state by no means thick, submucous layer.—*Nashville Jour. of Med. and Surg.*, Feb. 1860.

On the Difficulty of Diagnosis between Pregnancy and Tumors of the Abdomen. By ROBT. C. CROFT, Esq., L. R. C. P., Edin., etc.—There are few cases likely to prove more embarrassing, especially to the young practitioner, than those in which he is called to determine the nature of abdominal enlargements. These depend upon so many causes, and are so often masked, that it is frequently impossible to give an opinion with safety. When such protuberances exist in the male, the diagnosis, as far as pregnancy is concerned, is perfectly clear, but in the female, whenever her abdomen begins to enlarge, and if she be at the child-bearing age, pregnancy is at once suspected as the cause. There are two classes of women who come under our care who frequently baffle the medical man in his examination. These are unmarried women, who have hence no legal right to become mothers; and those who, being married, are eagerly desirous of becoming mothers. The first class will strongly deny symptoms that may exist, and place every obstacle in the way of the obstetrician; the second, by her hope of being pregnant, will be induced to describe imaginary symptoms. To illustrate these remarks he gives the following case:—

Mrs.—, aged forty-two, married nineteen years. No children or miscarriages; in bad health; has had fistulæ in ano. Six years ago was struck in the right lumbar region by the pole of an omnibus, from which she has suffered more or less ever since. Two years ago, injured again in the right groin. When requested to see her she believed herself *enccinte*, and was suffering from distressing sickness. Felt, six months previous to the visit of her physician, a peculiar sensation in the region of the uterus. The catamenia appeared regularly till two months ago, when they ceased entirely; the breasts were full and painful, and there was a tumor in the lower part of the abdomen.

The next visit she was in bed: her countenance pale and anxious, breasts full and tense, tender to the touch, containing milk, which could be extracted; nipples large and sore; areolæ raised and darkened; abdomen tense and tympanitic, and just above the symphysis pubis was felt a hard substance, the size of an orange, in the pelvis, and well defined, nearly in the middle line of the abdomen, and inclined to the *left* side; no discharge from the vagina. By a stethoscopic examination a peculiar whirring sound was heard, like the placental murmur, to the *right* of the middle line above the pubis. From this time for three weeks no pain save in the breasts and nipples; the sickness constant; the only relief obtained was from ice. After a time the sickness abated, and food could be taken.

At her next menstrual period she suffered, for three days, violent uterine pains; no discharge, the tumor seemed to have increased in size, and to be higher in the abdomen.

She was seen by other practitioners, who seemed equally doubtful as to the existence of pregnancy. But slight changes were observed for some five weeks. Kiesteine, on every examination of the urine, was detected. Now a symptom arose; profuse spontaneous salivation came on. An examination, per vaginam, showed the cervix uteri shortened, the os opened, the lips puffy and swollen; on pressing upward with the finger, behind the symphysis, a hard substance was felt, very much resembling the head of a child at a late period of gestation. Dr. Robert Lee and Mr. Havers saw her, and while admitting the presence of most of the symptoms of pregnancy, yet declined to give a decided opinion. The only certain sign, the pulsation of the foetal heart, could not be detected.

December 17th.—The condition of the patient pretty much as before; the tumor appearing to occupy the whole of the upper portion of the right half of the abdomen as high as the ribs, and extending deeply into the lumbar region. On pressure, a substance, like the gravid womb, was felt, and *in it* a distinct movement as of a foetus. With the stethoscope, the peculiar sound was heard as before, with a cooing as of a dove. Upon shifting the instrument a little higher up, the foetal heart was heard distinctly. Being now certain of the existence of pregnancy, the tumor was attacked, by directing the nurse to rub it gently, night and morning, for a quarter of an hour, with liniment of iodide of potassium. By the first of the succeeding March, the patient was vomiting freely; the abdomen large, tense, dull on percussion; the umbilicus prominent; the ensiform cartilage pressed out; the abdomen measuring forty-two inches round. When a contraction of the uterus occurred, the tumor was very apparent.

May 10th.—After a severe labor, delivery took place. The placenta having been removed, a large firm mass was felt, seeming to occupy nearly the whole of the abdomen, and extending crosswise from the left ilium to the ribs on the opposite side. By firm pressure, the greater portion of the tumor sunk into the pelvis, leaving a large, round, hard ball loose in the abdomen. It was evident that the womb had been distended by the effusion into it of a quantity of blood. From this time all went well, the tumor remaining about the size of a large cricket ball, seemingly attached by a very small pedicle.—*Lancet*, January 28, 1860.

Practical Remarks on Fœtal Auscultation. By R. DRUITT, L. R. C. P., London.—The readers of the *Medical Times* have been startled by the announcement, on the part of one of the most learned physicians in the world, that the fœtal heart cannot be heard before birth; that if certain sounds be heard, said to be those of the fœtal heart, there is no certainty attainable that they are what they are supposed to be; and that the commonly described sounds are illusions, and exist only in the minds of the listeners. First of all, as to the facts asserted, and the reasonableness of them. To many physicians it is absolutely certain, that at most times, in women pregnant of a live child, especially after the fifth month, there can be heard, over some part of the enlarged uterus, a small and distinct, but often remarkably distinct heart-beat, varying from 140 to 180 in the minute. By a heart-beat is meant a double beat, of one louder and more pronounced, and another shorter, immediately succeeding, and less pronounced.

It is said to be incredible that the sounds of the fœtal heart can reach the ear through so great a mass, consisting of uterine tissues, vessels, and the limbs of the child. But the thickness of the uterus and abdominal walls is not great, and not to be compared in sound-deadening qualities to a common pillow. But who doubts that the ticking of a watch can be heard under a pillow? The writer has heard his own watch through the thickness of sixteen folds of blanket. There is, also, no real difficulty concerning the counting of so large a number of pulsations as 160 in a minute. The breathing of dying children may be distinguished at 180; the pulse at 240. The ticks of a lever watch are five to a second, and may most easily be counted at 240 per minute. When the piano is played rapidly, the ear can readily recognize 720 sounds in a minute.

There is no doubt that a woman may be pregnant of a living child, and yet that at times the fœtal heart-sounds not be discovered even by one accustomed to the search. Hence, the absence of the sounds can never be taken as a proof that the fœtus is dead, or that pregnancy does not exist.

Again, sounds may be feebly heard, so that the observer cannot say that they are not heart-sounds; or other sounds may be mistaken for those of the fœtal heart. If the sounds are not confined to a small circle, or are synchronous with those of the maternal heart, they should not be suspected to be fœtal.

Of all the signs which distinguish the enlarged uterus from other tumors, none are more valuable than the following: the uterus, like other hollow viscera, has a regular peristaltic motion, continuous throughout pregnancy, (and after delivery,)

and consisting in periodic contractions, which cause a moderate but decided tension of the organ, and are followed by flaccidity and repose. No other tumor, not tympanitic, can do this; and, during the fits of contraction, the shape, dimensions, and outline of the organ are unmistakable. When about to auscultate, gently shampoo or roll the abdominal parietes over the womb, till it becomes hard and resisting. This is the moment for auscultation. Put the stethoscope on the womb, and perpendicular to its surface. Search carefully on the horizontal line on a level with the anterior-superior spine of the ilium; beginning on the left side, then a little above and below; if unsuccessful, go to the right side. Take care that the attitude is easy, and produces no rushing sound in the ears.—*Medical Times and Gazette*, January 21, 1860.

The Mental Peculiarities and Disorders of Childhood. By CHARLES WEST, M. D., etc. No one can have watched the sick-bed of a child without being struck by the almost unvarying patience with which its illness is borne, and the extremity of the peril from which, apparently in consequence of that patience, a complete recovery takes place.

No sorrow, gloomy foreboding, remorse, disappointment, nor anxiety, depresses the spirits and weakens the vital powers. Death, in general, brings no alarm. To keep the child happy, remove all causes of alarm, suffering, and discomfort; modify the treatment so as to escape a struggle with waywardness, and if death appears imminent, look at it from a child's point of view; all these are duties of the utmost importance both for physician and parents.

The mind of the child is feebler than that of an adult, but is proportionally active, and vivid in its imaginations. The child who dreads solitude, and asserts that it hears sounds or sees objects, often tells a literal truth. The sounds have been heard; in the stillness of the nursery, the little one has listened to what seemed to be a voice calling it; or, in the dark, phantoms have risen before its eyes, and the agony of terror betrays an impression far too real to be explained away, or to be unsuitably met by hard words or unkind treatment.

Disorder of the cerebral functions greatly exaggerates these impressions. Hence, the circumstances surrounding a child, whether in health or disease, are of vast importance, and should never be lost sight of in the treatment.

The passions, too, of a child, are exaggerated as a general rule. Reason as yet does not govern its caprices. There is

also an intense craving for sympathy, which sometimes becomes quite uncontrollable, and requires as much care and judicious management as in the case of an adult monomaniac. As in diseases of the body, so in affections of the mind in early life, the power of repair causes a constant hope, which is not to be indulged in the cases of adults. Dullness, apathy, and cerebral disturbance, have, therefore, not so grave an import as at a more advanced age. The whole of the intellectual energy is expended on the child's commerce with the world; his relations to it are disturbed, hence, the want of interest, the slowness to resume the lively prattle after sickness should not be viewed with too much apprehension. The memory of a child is feeble, and when recovery takes place, it has to learn again its old lessons, and with weakened faculties. This process will extend over a longer time in proportion as it was younger at the time of the illness.

One thing should be remembered, in protracted illness, even when unaccompanied with disorder of the brain—the sense of hearing may be impaired, and this may be one cause of the child's dullness. The arrest of development, or the positive retrocession of the mental faculties, is of far less import than any perversion of the moral powers. The child who, in spite of dullness, manifests the ordinary childish feelings, may be much improved by judicious training. We must also, in forming an estimate of these capabilities, consider the accompaniments of the sickness. Convulsions or serious cerebral disturbance will correspondingly impair more profoundly the intellectual powers, and retard the recovery. It must be remembered that a very large number of children whose progress has been arrested at a very early age are allowed to grow up without any culture, and much of their dullness may be due to neglect. Apart from congenital instances, where mind and body are alike arrested in development, or are alike feeble and deformed, the state of the moral powers are more important as a guide to the prognosis than the condition of the intellectual. Want of affection, mischief, spite, causeless rage, are less hopeful than intellectual dullness, and the first step should be the establishment of moral control. It should be borne in mind that the heart may break or reason fail under causes seemingly insufficient, and the griefs of childhood may be as overwhelming as those of the strong man. The intellectual powers should never be overtaken. Thus may be laid the foundation of hydrocephalus, or the tubercular cachexia, the destruction of the nervous system or serious injury to the moral character.

Occasionally, children exaggerate their ailments, or feign

those which have no existence, and they will put up with scanty fare and painful treatment as long as they can engross attention, and be the centre around which the household turns. —*Med. Times and Gazette*, Feb. 11, 1860.

On the employment of Iodide of Potassium in Diseases of the Brain in Children. By JOHN COLDSTREAM, M. D., F. R. C. P., Edin.—It is now upwards of twenty years since iodide of potassium was commended by Roeser and others, as a remedy of special power in hydrocephalus. It is surprising how few seem to recognize its value, and what slight references are made to its employment in the various works on the diseases of children. In all cases when, from the course of the symptoms, there is reason to believe that the central organs of the nervous system, or their envelopes, are in any degree affected with strumous inflammation, (tubercular cerebritis, or meningitis,) or its consequences, after moderate purgation, the writer is in the habit of employing the iodide of potassium in doses of from half a grain to three grains, every three or four hours, in some carminative water, and continuing it for many days, according to the symptoms, or until convalescence is fully established; and with the occasional use of blisters to the shaven scalp, he believes he has produced more prompt and decided effect upon the disease than by any other treatment. When the opportunity has been afforded of commencing the use of this remedy early, it has appeared to arrest the progress of the disease rapidly, so that the effects of effusion, indicated by squinting and convulsions, have not supervened. In less favorable circumstances, where considerable prostration has succeeded great febrile action, where starting and squinting had become prominent symptoms, in not a few instances, the free use of the iodide of potassium has been followed by amendment and complete recovery. In such cases it should be given in larger doses, even to four grains several times a day, to children of from four to eight years of age.

The medicine is very seldom refused by the patient, nor does it increase the nausea so frequently existing in the earlier stages of the disease; nor has it induced salivation, which seems sometimes to follow its use in other ailments. Although it is more especially useful where there exists more or less of the scrofulous diathesis, yet it has been found of service in cases where no taint was present.

The writer is not prepared to assert that this agent is more useful than calomel in *all* cases of inflammation of the brain

and its appendages. When we have to treat robust and full-blooded children, in whom there is reason to believe that the threatened disease of the nervous system stands more or less directly connected with preceding disorder of the digestive organs, there is no doubt of the superior efficacy of the mercurial treatment, combined with antimonials and salines; but when, after having duly administered these remedies, symptoms of cerebral disorder continue, the iodide should then be employed. The writer, in concluding, is satisfied that the iodide of potassium never produces any bad effects, though it may fail to do good.—*Edinburgh Med. Jour.*, Dec., 1859.

[In the absence of the Editor, and the consequent scarcity of Editorial for this number, we introduce the following interesting paper, read by J. N. GRAHAM, M. D., before the Chicago Academy of Medicine.—W. H. B.]

QUININE.—ITS REMEDIAL POWERS.

In presenting a few thoughts on the above agent, I am aware that I shall differ with many Fellows of the Academy who have expressed their views on this subject, and with some learned papers that have been read before us.

Much of the difference of opinion that exists between medical men, on subjects relating to our profession, arises from a misunderstanding of each other's views, or from viewing the same subject from limited or different stand-points.

The army surgeon, in the swamps of Florida, will give quinine with impunity, in 40 to 50 grain doses, without regard to the stage of fever or inflammation—while in the hospitals of Boston, the physician would look with horror upon a five grain dose, and dole out with the greatest precision, as to time, stage, etc., his grain and a half to two grain doses. (This *has* held good there, if not now.)

Now, to a certain extent, both are correct. The large doses necessary to arrest an intermittent in the malarious districts of the South, are not required in the more northern latitudes,

where malaria is scarcely known. So in its mode of action upon the physical system—the views of writers are almost as varied as their manner of administration. Dr. Sam'l. Gordon, of Dublin, Ireland, in writing on its pathological effects, quotes Headland to say, "the action of quinia is exerted primarily in the blood and not on the nerves." "Tiedeman and Gmelin found it long ago in the blood of a patient to whom it was administered." Dr. Cochran, in a number of the *Charleston Medical Journal*, in pointing out in what its action consists, says, "In women, under its influence, if they were menstruating, they complained of increase. In some cases it hastened the flow, if given just before the period; it provoked their return when suddenly suppressed by cold, etc." He says also, that "if administered in large doses, and frequently repeated, it defibrinates the blood, rendering it fluid and incoagulable." M. Biquet, of Paris, says "that it does not act on the general state of the organs, or on the blood, but has its special action on the *nervous* system. Dr. H. Bence Jones, F. R. S., says, "Quinine cures neuralgia as it cures ague, by subduing the action of the nerves, not by any *tonic* action." Speaking of its use in typhoid fever, he says, "It is most useful when there is excitement, agitation, excited eye and manner, and delirium." In a learned paper read before the Academy, by our Fellow, Dr. Hamill, it was argued that under the influence of quinine, in malarious fevers, less of urea was excreted by the kidneys, while the waste of the tissue went on, and thus the blood becoming impregnated with urea, there was the greater tendency to delirium—poison, and death. To this it was answered by Prof. Byford, that he believed on the contrary, from his own experience, that quinine, by arresting the disease, *prevented* the waste of tissue and blood derangement, and thus *lessened* the chances for comatism or poison by urea. My own experience would certainly corroborate this view, and it seems to me, that if quinine will cure intermittent, if, as has been abundantly shown, it may be given in grave cases without respect to the stage of fever or congestion, whatever its mode of action, in eliminating the position, it thus cuts short the disease, not by the substitution of "waste of tissue," or

blood poison by urea. That such results may and do sometimes follow the use of quinine, is evident, but, from my own experience, I cannot say that I ever saw the slightest reason for attributing them to quinine as the cause. Rather, may we not say, the primary causes at work in *originating* the disease, have, despite of what may have been done, produced the changes in the blood, etc.?

Quinine, in its effects upon the human system, occupies a position that scarcely any other medicinal agent is known to possess. I regard it a *tonic*, a stimulant, a sedative, an anti-periodic, an antispasmodic—a diaphoretic.

"A tonic," says Dr. Eston, Prof. of Mat. Med. in the University of Glasgow, "is a medicine which commencing its action on the stomach itself, very likely by stimulating its nerves and muscular fibres, improves the appetite, strengthens digestion, and feeds assimilation, helps consequently to make good blood, which in turn adds vigor to the circulation, which produces secretion."

In small repeated doses, quinine acts as a *tonic*. In larger, its tonic effect is quickly followed by its stimulating properties, but in grave periodical cases, there exists the most abundant proof that its *sedative* effect is the one which tells most certainly in arresting the disease; to do this it must be given in large repeated doses. This, I have often proven in the treatment of the graver forms of malarious fever in the West and South.

We know, Tartar Emetic in large doses is a powerful remedy against *periodicity*, by its sedative effects; so quinine, without the irritating and prostrating effects of the antimony, seems to hold in subjection the nervous excitement, and by its power over the nerve centres, arrest the paroxysm.

Dr. Holmes, of the U. S. A. Medical Staff in Florida, in writing on the use of large doses of quinine, says, "Quinine as a remedy for periodicity is to be given regardless of any existing state of inflammation."

He recommends never giving it in repeated doses, when directed for the cure of a periodical disease. He says, "In *emergent* cases it may be given in the lowest state of prostration, or the highest grade of fever."

He says further, "No better diaphoretic than this (quinine) in many stages of the system. When congestion comes on the brain in intermittent and all its collaterals, I have given 40 to 50 grains; have seen its effects on the brain aggravating for the time every symptom, or occasionally but slightly affecting the disease for some hours, then as the sedative effects came on, I have beheld the patient drop into a composed sleep."

In less malarious districts than those referred to by Dr. Holmes, I have often given the quinine in ten to fifteen grain doses, irrespective of fever, delirium, or stupor, and with the happiest effects, the patient sinking from the wildest delirium into profuse perspiration and quiet slumber.

In the more severe forms of intermittent, where the life of the patient seems to hang upon the fact whether he shall have a second or third paroxysm, we have no time to wait for the remission of the fever, or the subsidence of the brain symptoms—the tonic or antiperiodic must be given or the patient dies.

The phenomena attending intermittent fever, leads to the conclusion that the paroxysms are produced by an influence acting through the cerebral centres. Quinine seems to have an affinity (so to speak) for, and exerts a wonderful power in controlling or modifying the action of the nervous system. Does it pre-occupy these cerebral centres, and by a power peculiarly its own, expel the morbid influence, and thus cut short—*cure* the disease?

In chorea, in functional epilepsy, hysteria and spasmodic asthma, diseases peculiarly of a nervous character, its curative properties have been often signally manifest.

By some, it is contended that it acts as a mere *antiperiodic*. "It is very probable," says Tazwell, of Tennessee, "that it might be profitably employed even where periodicity could not be traced, as according to Prof. Drake, it is a sedative and antispasmodic narcotic." If, as in the definition already given, a tonic is a medicine which improves the appetite, strengthens digestion, and favors assimilation; helps to make good blood, etc., I see not why Dr. Tazwell's views are not correct. Quinine is undeniably a tonic.

I have long been in the habit of giving quinine in small doses, with the object of regulating the appetite, strengthening the system, etc. in cases of slow convalescence from fever, or of general debility from other causes. In some form or other, the quinine enters largely into all my tonic preparations in such cases. The seeming paradox, that the same agent should produce so many different results, and be used under apparently so dissimilar circumstances, must not be argued against the fact that these results are produced. But why not give it during the fever, stupor, or delirium of intermittent? Are not these the very results of the originating cause, be it miasm or what not, poisoning the blood, and thus rendering it powerless to nourish the brain, the very results, which by removing the cause, or rendering it powerless to produce them, the quinine is intended to correct?

Did the cases present, as instanced in the preceding, I would alike give it in the height of the fever, the wildness of the delirium, or the depths of the stupor, assured of its good effects.

I have never seen quinine cut short typhoid fever, though I have given it in such cases in large doses, and for a purpose; nor have I seen any evil effects from its use in such cases.

The following propositions I think are evident :

1st. Quinine seems to act by the circulation through the cerebral centres, upon the general nervous system.

2d. It is a tonic.

3d. A *Stimulant*.

4th. An *Antiperiodic*.

5th. A *Diaphoretic*.

6th. An *Antispasmodic*.

7th. A *Narcotic*.

8th. These results are produced or modified by *quantity, time, latitude, disease, condition*.

EDITORIAL.

From the importance of the subject, and the entire, or at least great inefficiency of the remedies generally used in consumption, much interest has been, and still continues to be felt as to the real value of the hypophosphites in its treatment. Letters and inquiries are constantly addressed to us with respect to the efficacy of the Churchill remedies, as they may very properly be called in the cure of consumption.

The experience of Dr. Richard Quain, in the Brompton Hospital, so entirely accords with our own, that we cannot do better than give a summary of his conclusions as published in the *London Lancet*, for June, 1860. We may be allowed to observe in advance, however, that the great reluctance complained of by inventors, discoverers, and theorists, on the part of the profession to adopt their views, and a determination to sift their assertions in a thorough manner will be fostered by the general results arrived at in the investigations of these highly, we cannot say praised, but vaunted remedies. It is rue in this case the profession had but little to loose in the experiments requisite to arrive at the truth; they would not be required to lay aside reliable remedies, while they were anxiously awaiting the effects of the new, so that there is not much sacrifice made, and I am very sorry that I cannot say there has been no disappointment felt; for from the great assurance with which the claims of the phosphites were put forth, much credence and hope were aroused.

But to the experience of Dr. Quain. He very fairly submitted twenty-two cases of consumption to the hypophosphite course of treatment; two were in the first stage, ten in the second, and ten in the third stage. Of these, six were improved. Of the six, three only to a very slight degree, and only for a short time; in three, improvement was marked, but in one only of the latter has the improvement been permanent; the other two patients both died, notwithstanding the fact that they took them several (over three) months.

Dr. Quain caused abstracts of 22 cases of consumption, treat-

ed in the same hospital, by other methods dictated by principles instead of empiricism. Three were in the first stage, five in the second, and fourteen in the third. Sixteen of these were more or less benefitted. He also observed that six of the cases, which have been under the hypophosphite treatment without the least benefit, were improved by the other treatment. Dr. Quain remarks in conclusion, that "a review of the preceding facts has led me to form a most unfavorable opinion of the value of hypophosphites in the treatment of phthisis. I believe them to be comparatively, if not absolutely useless. I have been induced to take some little pains in investigating the subject, because of the unhesitating confidence with which their value is asserted and their use recommended in certain quarters; and I have also seen in the cases of some patients who have visited Paris, how much time has been thrown away by substituting the use of these salts for remedies of undoubted efficacy in controlling the progress of phthisis."

TENTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY.

The proceedings of the recent Annual Meeting of this Society will be found in this number of the *Examiner*. About fifty physicians were present from different parts of the State, and the two days spent together were devoted diligently to the transaction of the proper business of the Society. Every thing was done pleasantly and in order. We were gratified to find that a much larger number of the Committees were ready to report than for several years past.

If all the reports and papers are published in full, it will make a larger volume of Transactions than any of preceding years. We fear, however, that the Committees of the Society do not yet fully appreciate the nature of the duties they ought to perform. They have very generally adopted the practice of obtaining as many contributions as they can from members of the profession, and then putting them together for a report. Now the object of appointing a Standing Committee on Practical Medicine, Surgery, or Obstetrics, is not to gather up

detailed cases of various kinds from different practitioners, and stitch them together in the form of a report, but simply to report, from year to year, such *improvements* as may have been made in the several departments, and the peculiarities that may have been observed in the rise, progress, and causation of epidemic diseases. To do this, they should correspond by circular, or otherwise, with the profession, and gather all the facts they can. But when obtained, they should be carefully sifted, and condensed into one compact report, giving every physician credit, of course, for the facts he furnishes of value.

Such a method would greatly enhance the value, while it would materially lessen the bulk of the reports.

Again, the object of appointing *Special* Committees to investigate particular subjects, is not for the purpose of eliciting essays on the general importance of the topics assigned to them, but to incite to, and develope the results of, special investigations that are likely to add to the actual stock of knowledge on the subject treated of. A report on the general importance of diseases of the eye, or of public hygiene, or of diseases of the chest, may be correct in sentiment and written in excellent style, and yet not contain a single new fact, or new application of old facts. We think when a member of the Society accepts an appointment as special committee on any given subject, he is expected, either by observation, experiment or statistics, or all of these combined, to make some actual addition to the knowledge previously possessed by the profession on that subject. These remarks are not designed to find fault with any of the reports of the recent meeting, any more than those of past years; for so far as we could judge from those read, we think them fully equal in merit to those presented at former meetings. But we would like to see a more active spirit of criticism and original inquiry infused into the reports and doings of our State Society. The physicians and citizens of Paris are entitled to much credit for the judicious arrangements and their unlimited hospitality.

APOLOGY.

The space occupied by the record of proceedings of the Illinois State Medical Society, and the temporary absence of the Senior Editor, have prevented the insertion of the usual amount of "Clinical Reports," in the present number. These reports will be resumed, however, in our next issue.

 We learn from a private source that all the Professors of the Ohio Medical College have resigned their places, and a new organization will take place. We hope the Trustees no worse luck than that they may find as efficient and worthy a faculty as the one just resigned.

Another New Medical School.—We learn from a private letter from our friend Dr. C. A. Logan, of Leavenworth City, that a medical school has been announced there, with the following name: "Medical Department of the Baker University." The faculty is composed of the following gentlemen:—Descriptive and Surgical Anatomy, J. F. Smith, M. D.; Theory and Practice of Medicine,—; Principles and Practice of Surgery, M. S. Thomas, M. D.; Materia Medica and Therapeutics, H. Griffin, M. D.; Chemistry and Toxicology, T. Sinks, M. D.; Institutes of Medicine, W. Booth Smith, M. D.; Medical Jurisprudence and Sanitary Science, G. W. Hogeboom, M. D.; Clinical and Operative Surgery, I. L. Weaver, M. D.; Clinical Medicine, C. J. Lee, M. D. Dr. Logan is the Dean of the Faculty.

Upwards of three hundred persons die annually in the *streets* of London, from disease, in addition to deaths from accidents, murders, etc.

 M. Becquerel, of La Pitie, Paris, has tried the hypophosphites in one hundred cases of phthisis, and declared the remedy useless.

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THE CHICAGO MEDICAL EXAMINER.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

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THE CHICAGO MEDICAL EXAMINER

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JULY, 1860.

No. 7

ORIGINAL COMMUNICATIONS.

MEDICAL TEACHER'S ASSOCIATION.

New Haven, June 4th, 1860.

The Convention of Medical Teachers, according to adjournment at Louisville, Ky., met at 10 o'clock, A. M., in the lecture room of Yale Medical College, Dr. Dixi Crosby, President, in the chair, and on motion, adjourned to meet again at 3½ o'clock, P. M.

AFTERNOON SESSION.

The Convention met according to adjournment, and was called to order by the President. The Secretary being absent, on motion of Prof. Palmer, of Mich., Prof. H. A. Johnson was elected Secretary.

The minutes of the Convention at Louisville, were read, and on motion, a list of the delegates was prepared, from which it appeared that the following institutions were represented: The Long Island College Hospital, by Prof. Austin Flint; Med. Department of Dartmouth College, by Prof. Dixi Crosby and O. P. Hubbard; Medical Department of the University of Louisville, Ky., by Prof. R. J. Breckenridge; Savannah Medical College of Georgia, by Prof. R. D. Arnold; Medical Department of Yale College Conn., by Profs. Jonathan Knight and Benj. Silliman, Jr; Medical Department of the University of Michigan, by Prof. A. B. Palmer; Harvard Medical College of Mass., by Profs. D. Humphreys Storer and G. C. Shattuck; Berkshire Medical College, of Mass., by Prof. W. H. H. Thayer; Medical College of Virginia, by Prof. J. B.

McCaw; Atlanta Medical College, of Georgia, by Prof. Jas. P. Logan; Missouri Medical College, by Prof. Jos. N. McDowell; Medical Department of Lind University, Ill., by Profs. N. S. Davis and H. A. Johnson; Medical College of South Carolina, by Prof. Henry R. Frost; Iowa University, by Profs. D. L. McGugin and Daniel Meeker; Geneva Medical College, by Prof. Frederick Hyde; Albany Medical College, by Prof. Alden March.

The committee appointed at the previous convention to confer with a similar committee of the American Medical Association, reported through their chairman, Prof. Shattuck, a preamble giving an account of their doings, and proposing a series of resolutions, as follows:

1st. *Resolved*, That the Medical Colleges represented in this Convention, are willing to adopt the rule, if it be recommended by the American Medical Association, that every candidate for the degree of Doctor in Medicine must present certificates of having assiduously studied medicine during the period of three full years under the direction of a regular practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand, and of attendance on two *full* courses of medical lectures in a medical school, recognized as regularly organized by the American Medical Association, with an interval of at least three months between the termination of the first course and the commencement of the last.

2d. *Resolved*, That the medical colleges represented in this Convention, are willing to keep a register of their students, in which shall be entered the name, the age, the period of commencing medical studies, and diploma already received, with the name of the college conferring it, and the name of the preceptor.

3d. *Resolved*, That the medical colleges represented in this convention, allowing that the proposed plan of admitting delegates from State Societies to attend the examination of the candidates for the degree of Doctor in Medicine to have been successfully carried out in several places do not think that it can with advantage be universally adopted; but, at the same time they are ready to ascertain and discuss any other measure by which the admission of unsuitable and unworthy members within the ranks of the profession can be prevented.

4th. *Resolved*, That this Convention earnestly recommend

the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its first organization in May, 1847, or of a standard put forth by the medical society of the State in which a college is located, and, that medical colleges will thankfully receive and record the certificates alluded to in said standard, and one of moral character, whenever the profession generally, and the preceptors, will see that students are properly supplied with them.

5th. *Resolved*, That Hospital Clinical instruction constitutes a necessary part of medical education, and that every candidate for the degree of Doctor in Medicine, shall be required to have attended such instruction regularly for a period of not less than four months.

6th. *Resolved*, That the members of this Convention are ready to co operate in any efforts by which the attention of the community and of legislatures shall be called to the importance of the endowment of medical colleges and professorships.

7th. *Resolved*, That the attention of the American Medical Association be called to the proofs, in a letter from a German Medical Professor, of the degree of Doctor in medicine being conferred in Germany on unsuitable persons to be used in this country.

On motion of Prof. Davis, the report was received, and the resolutions taken up *seriatum*.

Prof. Flint moved to amend the first resolution by omitting the words "with at least an interval of three months between the termination of the first and the commencement of the last."

The amendment was discussed somewhat at length by Profs. Flint, McDowell, Davis, Palmer, Shattuck, Arnold, Frost and Logan, after which it was rejected.

On motion of Prof. McDowell, the first resolution was laid on the table, to be taken up at a future time.

On motion of Prof. Thayer, the second resolution was adopted.

The third resolution was discussed by Profs. McCaw, Breckenridge, Knight, Palmer, McDowell and Davis.

Prof. Logan offered the following as a substitute for the whole report :

Whereas, It is apparent that the Medical Colleges of the United States are not disposed to adopt the measures indicated

by the American Medical Association, for the establishment of a higher system of medical education, as manifested by the failure upon the part of a large portion (and among the number some of the most prominent) to be represented at the Convention of Colleges, held last year in Louisville, and by a renewal of the same course of action towards the adjourned meeting of said Convention, and as no action on the part of the Colleges represented would be likely to effect any change in the present system of medical education, and any attempt on the part of this limited representation to initiate any reform might be regarded as an offensive assumption of power, therefore,

Resolved, That this body declines to act for the Medical Colleges of the United States.

Resolved, That in the Medical Colleges alone resides the power of effecting any desirable change in the present system of medical education, and it is only from their united action that any good result can be expected.

Resolved, That a Committee of—— be appointed to report the action of this body to the American Medical Association.

The substitute was discussed by Profs. Logan, Shattuck, Crosby, McGugin, McDowell, Storer and Palmer, and finally rejected.

At this stage of the proceedings Prof. Logan retired from the Convention, stating that he did not feel at liberty to act with it as the representative of the Atlanta Medical College.

On motion, the convention adjourned till Tuesday morning at 9 o'clock.

SECOND DAY'S PROCEEDINGS.

June 5.

The Convention was called to order by the President, Dr. Crosby.

The following additional Institutions were represented: University of Maryland, by Prof. Edward Warren; University of Buffalo, by Prof. Thomas F. Rochester and Jas. P. White; St. Louis Medical College, by Prof. J. B. Johnson; Castleton Medical College, by Prof. E. K. Sanborn; Maine Medical College, by Prof. Nourse.

On motion of Prof. Shattuck the third resolution was adopted.

On motion of Prof. McDowell the fourth resolution was adopted.

On motion, the order of business was suspended, when Prof. Frost presented the following communication in regard to Medical Education in the South.

"I should wish to be heard while I make a few remarks on the progress of Education at the South, and the advances we have made in fulfilling the requirements of the Association. The report in my hand of the Dean of the Medical College of the State of South Carolina, of the graduates of that College and their requirements, presents a total of 114 graduates—all of whom had a preparatory education, such as the Association requires. Nearly all, with the exception of six, have had good literary opportunities: some graduates of colleges, others of academies of high repute, others instructed in the classics. Even those whose studies were confined to English, have had their minds strengthened by the study of Mathematics.

In making this statement, I would not be understood to say that they were well versed in the classics: but they have enjoyed the opportunity and profited in a greater or less degree by it. Neither would I be understood to say that our graduates are all Doctors. The diploma conferred is only an evidence that they have undergone a course of study; that they have been instructed in the principles of the profession, and made acquainted with the means by which they are to arrange and systematize the various occurrences presented to them—in short, that the foundation has only been laid by which they are to pursue advantageously their researches, and act for themselves. To be able Doctors and successful practitioners, requires years of study and observation, and there are many who after all this application have never been made Doctors.

The community in which a young graduate reside, soon becomes aware of this fact: it is only after a long apprenticeship, and years of toil and devotion to his business, that he acquires practice and confidence. Confidence is proverbially

a plant of slow growth, and it is only after the individual has proved himself worthy that it is freely bestowed. Still, however, every Doctor has been a student, and as such has to endure taunts and imputations as to his qualifications. I well remember when a student in Medicine, forty-seven years since, fashionable ladies commented upon the homely appearance and neglected dress of the students of Philadelphia, and tauntingly observed that there was little to be observed in the streets but dogs and Virginia doctors! Yet from these classes of whom these remarks were made, there came forth a Wood, Mitchell, Meigs, McClelland, Hodge, Bartons, Darrach, and not to forget my own section, Dickson, Holbrook, Ramsay, and many others. Ye these young men were as ungainly as many at the present day: but they contained the gem as many of the present day, which required only to be polished. Education has been progressive to my observation: our graduates show their desire to excel by seeking opportunities abroad for greater requirements. In my day our reading was desultory and without system. My preceptor pointed to his library and told me to select my reading. My anatomical studies were pursued with a scalpel and the Dublin dissector. Our clinical instruction was nothing virtually. Mark the difference at the present time. Your winter and summer courses: your crowded hospitals: your private instructions, and your model plates, &c. All these speak trumpet-tongued that the work of improvement is onward."

On motion of Prof. McDowell it was directed to be appended to transactions of this body, for the American Medical Association.

On motion the fifth resolution was adopted.

On motion of Prof. McDowell the sixth resolution was adopted.

On motion of Prof. Shattuck, the seventh resolution was adopted.

On motion of Prof. Arnold the first resolution was taken from the table.

Prof. Shattuck offered for the first resolution a new one precisely the same as the first, with the exception of the last

clause in regard to the interval of time between the first and last courses of lectures.

It was discussed by Prof. Shattuck, McDowell, Flint, Arnold, Breckenridge, Davis, Palmer, McCaw, Nourse and White.

Prof. White moved that the substitute and the original resolution be laid on the table. The motion was lost.

Prof. Breckenridge called for the vote on the substitute offered by Prof. Shattuck by colleges.

The substitute was lost by the following vote :

Ayes—Long Island College Hospital, Medical Department of Dartmouth College, Medical Department of the University of Michigan, Berkshire Medical College, Iowa University, Castleton Medical College, University of Buffalo, Maine Medical College—8.

Noes.—Medical Department of the University of Louisville, Savannah Medical College, Medical Department of Yale College, Harvard Medical College, Medical College of Virginia, Missouri Medical College, Medical Department of Lind University, Medical College of the State of South Carolina, Geneva Medical College, Albany Medical College, University of Maryland, St. Louis Medical College—12.

Profs. McGugin and Palmer, in voting for the substitute, explained that they did so because they were in favor of the propositions therein contained, and hoped that a distinct proposition, relating to the length of the *inter regnum* of courses similar to that contained in the original resolution might be presented, that they might vote for it.

The motion on the original resolution was then taken by colleges, and adopted by the following vote :

Ayes—Medical Department of Dartmouth College, Savannah Medical College, Harvard Medical College, Berkshire Medical College, Medical College of Virginia, Missouri Medical College, Medical Department of Lind University, Medical College of the State of South Carolina, Iowa University, Geneva Medical College, Albany Medical College, University of Maryland, St. Louis Medical College, Castleton Medical College—14

Noes—Long Island College Hospital, University of Buffalo, Maine Medical College—3.

On motion of Prof. Davis—

Resolved, That the Committee of which Dr. Shattuck is Chairman, be requested to report the doings of the Convention, with the resolutions adopted, to the American Medical Association.

On motion, the convention adjourned to meet again at the call of the President.

H. A. JOHNSON, Secretary.

THIRTEENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

FIRST DAY.

The convention met in the Chapel of Yale College, and at 11 o'clock was called to order—President, Dr. Henry Miller, of Kentucky, in the chair.

Prof. Fisher, of Yale College, opened the convention with prayer.

Dr. Chas. Hooker moved the Committee of Reception report. Dr. Knight, as chairman of the committee, made a most felicitous salutatory to the Convention, and was received with much applause. He spoke ably, and showed the lofty character of such a Convention. His remarks on the progress of medicine, and especially of the art of surgery, were received with marked attention. He reviewed with his remarkable liveliness and interesting manner the wonderful improvements, such as the ligature of the great arteries, the introduction of anaesthetic agents in the greater operations, thus relieving that stinging pain and great anguish to which patients were formerly subjected. He closed by welcoming the profession to the hospitalities of the city, and welcoming them all to open homes and hearts.

Dr. Chas. Hooker then followed in behalf of the Committee of Arrangements. He spoke as follows :

MR. PRESIDENT, AND GENTLEMEN OF THE AM. MED. ASSOCIATION :—It is with unwonted gratification that the Committee of

Arrangements welcome you to the City of New Haven. And we only bespeak the common feeling of our fellow citizens in saying that we are delighted—nay, proud—to receive you as our guests. We feel that any city is highly honored to become the chosen place of meeting of the American Medical Association—a select delegated national Congress, representative of forty thousand members of a learned and humane profession. As a city, we appreciate this honor, and should be ungrateful did we not receive you with a generous and cordial welcome. You meet, gentlemen, for a great and noble object—for the promotion of a science vitally linked with the interests of humanity. Your meetings have a most happy influence in strengthening those ties by which the great Fraternity of Medicine are bound in social compact. Another salutary incidental benefit of your meetings, results from their affording an annual period for relaxation and social enjoyment.

Too many physicians prematurely break down in their career of usefulness, in consequence of unremitted and arduous application to their professional duties; and many of you now present, whose exhausted physical and mental energies need recruiting, could hardly have been drawn away from your routine of toil and care, but for your sense of bounden duty to aid in the great object of this Association. We congratulate you, therefore, bretheren, on this annual recurrence of our National Medical Jubilee. In behalf of the faculty of Yale, we welcome you to the halls of this ancient seat of learning, in which you are invited to hold your sessions; and in behalf of the citizens generally of New Haven, we tender you the hospitalities of our city.

We hope that to all of you this meeting will be a season of pleasant social intercourse long to be remembered for the many friendships here formed; and we trust that the harmony and wisdom of your counsels will efficiently promote the great benevolent objects of our organization."

The President ordered as the next business, the calling of the roll. This occupied some half an hour, which the galleries and the Convention to some extent used as a recess.

The whole number of Delegates who answered to their

names was between 275 and 300. When all are present the whole number of Delegates will probably exceed the last figure. Twenty-seven States and the District of Columbia are represented in the Convention. There are also a few from the United States Navy.

Dr. Charles Hooker here gave notice of the five divisions and their respective rooms as follows :

1st, Anatomy and Physiology, President's Lecture Room.

2d, Surgery, Geological Cabinet.

3d, Practical Medicine and Obstetrics, Geological Cabinet.

4th, Chemistry and Materia Medica, Chemical Laboratory.

5th, Meteorology, Chemical Laboratory.

Dr. James Hadley, of Mass., moved that if any Surgeons or Physicians from the Navy be present, they be invited to take seats on the floor of the Convention; carried.

Dr. Jno. Bronson asked if seats had been reserved for the ladies attending the Convention with their husbands; also, for ladies in general.

Dr. Chas. Hooker stated that the galleries were open to the ladies, and the gallantry of the gentlemen would prompt them to make room at all times. The President stated that the Committee on parliamentary rules were ready to report—ordered.

Report was read.

Dr. Brodie moved, before the resolutions be acted on, they be printed.

Dr. Cox moved an amendment, that 500 copies be printed. Amended again by the motion that 1000 copies be printed.

Here an exciting discussion took place in regard to the necessity of having them printed, merely for acting upon, and after an indiscriminate debate, urging the prevalence of pet motions and amendments, a motion to lay the whole affair on the table, prevailed, by a small majority.

A motion for a recess of ten minutes was then carried, the object being to give each State an opportunity to choose its member of the Nominating Committee.

At a quarter before one o'clock, the Convention re-assembled, when the following Committee was declared.

District of Columbia—Dr. Boyle.
Maryland—C. C. Cox.
Kentucky—R. J. Breckenridge.
North Carolina—James H. Dixon.
Tennessee—I. S. White.
Delaware—Lewis P. Bush.
Louisiana—Austin Flint, Jr.
Minnesota—Daniel W. Hand.
Georgia—N. W. Brown.
Massachusetts—D. Humphreys Storer.
Maine—Amos Nourse.
Indiana—Daniel Meeker.
New Jersey—J. S. English.
Rhode Island—James H. Eldridge.
New Hampshire—George H. Hubbard.
Illinois—A. L. McArthur.
Mississippi—U. G. Williams.
Michigan—C. L. Ford.
Pennsylvania—Wilson Jewell.
Iowa—D. L. McGugin.
Ohio—Robert Thompson.
Missouri—M. A. Pallen.
Vermont—Charles L. Allen.
Virginia—James H. Connag.
Connecticut—L. N. Beardsley.
South Carolina—H. R. Frost.
New York—H. D. Bulkley.

A motion was made and carried, inviting the Legislature to be present at the opening of the Convention in the afternoon, to listen to the address of the President, as it would have some reference to medico-legal topics.

AFTERNOON SESSION.

At 3 o'clock, the Convention came together, and notwithstanding the unpleasant weather, the galleries were well filled, including quite a number of ladies.

Convention called to order.

Gov. Buckingham and Lt. Gov. Catlin appeared on the stage, and were introduced to the Convention amid applause.

The Secretary, Dr. Bemis, of Kentucky, then gave the names of the Committee on Credentials.

When the House had become still, President Henry Miller was introduced, and delivered his Valedictory Address.

Quite a number of the members of the Legislature were present. Most of it was a bold exposition of personal opinions regarding the moderate and limited standard of medical education. We could see, as he advanced his views regarding preliminary instruction and the duties of Medical Colleges in raising their standards of requirements, that he had the cordial support of the Convention, by the earnest attention and frequent applause attending his suggestions.

The Nominating Committee here reported the names of officers for the Convention, as follows :

President—ELI IVES, Conn.

Vice Presidents—Wilson Jewell, Pa. ; A. B. Palmer, Mich.; Joseph P. Logan, Ga. ; J. N. McDowell, Mo.

Secretaries not reported.

Treasurer—Casper Wistar, Pa.

The various Committees were then appointed to wait upon the different grades of officers to the stage, as follows :

For escort of President : Jonathan Knight and Dixie Crosby.

For Vice-Presidents: W. C. Snead, of Ky.; Wm. Brodie, of Mich.; Edward Warren, of Md.; R. C. Foster, of Tenn.: H. I. Bowditch, of Mass.: Lewis Sayre, of N. Y.: Jno. L. Atlee, of Pa.; Austin Flint, of La.

Several invitations to visit prominent public places and factories of the city were read, and times set apart for such visits. At 5 o'clock this (Wednesday) afternoon, the Convention, will visit Messrs. G. & D. Cook & Co.'s carriage factory.

Motions were made of acceptance of the invitations, &c.

Motions made to suspend business and receive the officers just elected. They were received with great and prolonged applause.

President Dr. Ives made a very short address, of which the following is nearly a verbatim report :

“ All he had, all he was, he owed to his profession. He loved it. He had two sons in the profession, also a grandson ;

and he, like a very distinguished physician of the present century, could say he would visit the sick as long as he could go, and when he was unable, he would be carried to the bedside."

He was followed by First Vice President, Dr. Wilson Jewell, who will preside over the deliberations of the Convention.

Dr. Davis, of Illinois, offered a series of resolutions to the specific business of morning and afternoon sessions, as follows:

Resolved, That the general meetings of the association after this day, shall be restricted to the morning sessions, and the afternoon sessions, commencing at 3 o'clock, shall be devoted to the hearing of papers and discussions in the several sections.

Resolved, That each section shall choose its own officers, and make its own rules of order.

There were other resolutions of this same series which are not reported, because not finally acted upon. The third one relative to the referring of public essays, addresses, &c. to their respective sections, caused a long and exciting debate, in which Drs. Watson, Reese, Miller and Palmer, took a prominent part. After the discussion had run on over an hour, without seeming to come to any mutual understanding in the matter, a motion to table this resolution was almost unanimously carried, with the proviso that Dr. Davis should have an opportunity to revise it, and at his own time to bring it again before the Convention.

Dr. Little, of California was then announced, and although not a regular delegate, was invited to a seat on the floor of the Convention, there being no delegate from California.

A committee on Voluntary Communications was then appointed, viz: Drs. E. D. Foree, of Kentucky; T. W. Blatchford, of New York; N. S. Davis, of Illinois; R. LaRoche, of Pennsylvania; T. F. Rochester, of New York.

At his own request, Dr. LaRoche was excused from serving on this committee.

Dr. Reuchenberger, of Pennsylvania, was appointed in his stead.

The report of the Treasurer was then called for, read and adopted, then referred to Committee on Publication.

The Committee on Publications then reported. Report accepted.

Committee on Prize Essays was called on to report, but failed to do so through absence.

Adjourned.

SECOND DAY.—WEDNESDAY.

The Convention was called to order by the First Vice President, Dr. Wilson Jewell, of Penn.

The minutes of the convention of yesterday were read and approved.

The President announced that the subscription list for the Sydenham Society was on the Secretary's table.

An opportunity was now given for Delegates to name physicians from States not represented, also from the Army and Navy, as members by invitation.

Dr. Gardiner moved that the rules of order be suspended for Dr. Logan, of Ga., to tender his resignation as Vice President. Resignation accepted.

Committee on Education reported—Dr. Reese, Chairman.

This was far the most lengthy and deeply studied report yet made, being a most able exposition of the necessities of our Medical Colleges. We hope to give this in full hereafter. He particularly dwelt on the necessities in preliminary education—Practical Anatomy, Pathology, and Clinical Medicine. He ably supported his argument in favor of lengthened terms of study, with a less number of lectures per day—four being the maximum.

Dr. Bodie moved that the Report and Resolutions connected with it be received and referred to the Committee on Publication; received.

On motion, the House went into Committee of the Whole on the Resolutions—H. F. Askew, of Del., in the chair.

Dr. McDowell of Mo., spoke against the First Resolution, and immediately the galleries were densely crowded, and every effort made to get a sight of the eccentric Missourian. Almost every sentence drew forth roars of laughter. He was loudly cheered, and often interrupted by the repetition of applause.

Dr. Henry Miller, of Ky., replied.

Dr. Palmer, of Michigan, continued the discussion.

Motion made that the whole subject be laid on the table; lost.

Motion made that the Committee rise, report progress, and ask leave to sit again. Carried.

The Committee on Nominations reported that the Convention will meet at Chicago on the 1st Tuesday in June, 1861. Amendment offered that it be changed to the 1st Tuesday in May.

Dr. Davis of Illinois, spoke for the Illinois delegation, urging June as the proper month—furthermore, he welcomed the Convention to the hospitalities of the citizens of Chicago.

Motion made to change the time to the 2d Tuesday of June; unconstitutional. Original report adopted.

The Committee on Nominations here concluded their report as follows :

In place of 3d Vice President, Dr. Logan, of Ga., resigned, Dr. R. D. Arnold, of Georgia.

Secretaries—S. G. Hubbard, Ct. ; H. A. Johnson, Illinois.

Committee of Arrangements—N. S. Davis, J. W. Freer, DeLaskie Miller, E. Andrews, H. W. Jones, Thos. Bevan, J. Bloodgood, all of Illinois.

Prize Essays—Daniel Brainard, Ill. ; D. L. McGugin, Iowa; M. L. Linton, Mo. ; John Evans, Ill. ; A. L. McArthur, Ill.

Committee on Publication—F. G. Smith, Penn. ; Casper Wistar, Penn. ; S. G. Hubbard, Conn. ; R. J. Breckenridge, Ky. ; Ed. Hartshone, Penn. ; H. F. Askew, Del.

The report was adopted.

Dr. Davis, of Ill., called for a suspension of the rules, that he might re-introduce his resolution laid upon the table yesterday. Carried. The resolution having been revised, was reported and carried as follows, viz :

Resolved, That all Essays, volunteer communications, and reports, except those from the officers of the Association and the Committees on Medical Education, Medical Literature, and Prize Essays, shall be first presented to the association and referred to the appropriate sections, in which they shall be examined and discussed, after which they shall be returned to

the Secretary of the Association with a recommendation accompanying such as are deemed worthy of Publication ; and the Secretary shall pass all such as are thus recommended directly to the Committee of Publication, and such as are not recommended by the Section as worthy of Publication, shall be retained by the Secretary or returned to their authors as the latter may indicate.

Report of Committee on Prize Essays, was called for.—Prof. Worthington Hooker, of Conn., Chairman.—Three Essays had been handed in—two of which had considerable merit, and showed much research. But neither of them were of such a character as would justify the award of a prize. Accepted.

Moved, a suspension of the rules, to give Dr. Wilbur, of N. Y., an opportunity to report the protest of Ignatius Langer, of Iowa, against the action of the Committee of Arrangements in not accepting his credentials as a delegate. The President stated he held in his hand a letter stating that Dr. Langer had been expelled from the Scott County Medical Society of Iowa, and therefore the rules of the Society would not permit his acceptance as a delegate here.

Motion to suspend lost, almost unanimously.

Reports of Special Committees were then called for, and disposed of as follows:

Morbus Coxarius and Surgical Pathology of Articular Inflammation—Lewis A. Sayre, N. Y.; referred to the section on Surgery.

Surgical Treatment of Strictures of the Urethra—James Bryan, Penn., reported progress and asked for longer time; referred to its proper section.

Drainage and Sewerage of large cities, their influence on Public Health—A. J. Semmes, Cornelius Boyle, G. M. Dove, D. C.; reported progress and asked for longer time.

Puerperal Tetanus: its Statistics, Pathology and Treatment—D. L. McGugin, Iowa; report the same as above. Requested to report progress in the section on obstetrics &c.

Hospital Epidemics—R. K. Smith, Penn.; laid over.

Puerperal Fever—S. N. Green, Indiana; laid over.

Anaemia and Chlorosis—H. P. Ayers, Indiana; reported

progress and asked to continue the Committee to report next year.

Veratrum Viride—J. B. McCaw, Va; laid over.

Alcohol: Its Therapeutical Effects—J. W. Dunbar, Md.; asked for a change in the title, making it read, "Alcohol in its relations to man"—granted. Report next year.

Meteorology—J. G. Westmoreland, Georgia; laid over.

Milk Sickness—Robt. Thompson, Ohio; partial report made—accepted and referred to section of Practical Medicine.

Manifestations of Disease of Nervous Centres—C. B. Chapman, Wis.; laid over.

Microscopic Observations on Cancer Cells—Geo. N. Norris, Ala. Chairman asked to resign; Committee discharged.

Philosophy of Practical Medicine—James Graham, Ohio; laid over.

On some of the Peculiarities of the North Pacific and their relations to Climate—William H. Doughty, Georgia. Referred to section on Meteorology, &c.

On the Microscope—John C. Dalton, Jr., N. Y., David Hutchinson, Ind., A. R. Stout, Cal., Calvin Ellis, Mass., Christopher Johnston, Md.; report next year.

Diseases and Mortality of Boarding Schools—C. P. Mattingly, Ky.; Dixie Crosby, N. H.—reported progress; referred to its proper section.

On Various Surgical Operations for Relief of Defective Vision—M. A. Pallen, Mo., T. J. Cogley, Ind., W. Hunt, Penn.; laid over.

On the Blood Corpuscle—W. Sager, Michigan; granted additional time.

American Medical Necrology—C. C. Cox, Md. Report was ordered to be read before the Convention, Thursday.

Effects of the Virus of the Rattlesnake when Introduced in the System of Mammalia—A. S. Payne, Va.; no report and Committee discharged.

Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—W. H. McKee, N. C., C. F. Haywood, N. C., C. F. Haywood, N. Y.; laid over.

Subcutaneous Injections as Remedials—I. Langer, Iowa; not allowed to report, not being an accepted delegate.

Quarantine—D. D. Clark, Pa., E. M. Snow, R. I., W. Jewell, Pa., E. D. Fenner, La., I. W. Houck, Md.; asked to be continued. Agreed to.

Medical Ethics—B. F. Schenk, Pa., chairman. Resigned, and asked that Dr. Paul F. Eve, of Tenn., be substituted; agreed to. Report next year.

Tracheotomy in Membranous Croup—A. V. Dougherty, N. J. Partial report; this was accepted, and referred to the Surgical Section. Further time allowed to make out the report.

Effect of Perineal Operations for Urinary Calculi upon Procreation in the male; J. S. White, Tenn. Letter from Dr. White read; laid over.

Mercurial Fumigation in Syphilis—D. W. Yandell, Ky.; laid over.

Cause and Increase of Crime—W. C. Snead, Ky.; asked to be continued. Agreed to.

Education of Imbecile and Idiotic Children—H. P. Ayres, Ind. Report offered; referred to its proper Section.

Pons Varolii—Partial report. The Committee wished to be continued; agreed to. Referred to Section on Anatomy.

One o'clock, the hour of adjournment, having arrived, a motion to continue five minutes longer prevailed. A little general business was then transacted, and the Convention adjourned.

AFTERNOON SESSION.

In accordance with the plan adopted at the Annual Meeting of the Association in Louisville, and further provided for by the resolutions introduced by Dr. N. S. Davis during the present session, the members of the Association assembled at 3 o'clock, P. M., in the rooms provided for the several Sections.

As might have been anticipated, the Sections on Surgery, Practical Medicine, and Obstetrics, and Meteorology and Epidemics, attracted the chief attention. That on Surgery was most numerously attended. Dr. L. A. Sayre, of New York,

read a very important and elaborate paper on the Pathology and Treatment of Morbus Coxarius or Hip Disease. Among the points of chief practical importance presented in the paper were the results of examinations showing that many of the cases of this disease are not connected with *tubercular deposits*, as had been too confidently asserted by some; the advocacy of early incisions into the joint for the discharge of such serous and purulent fluids as generally accumulate in the earlier stages of the disease; the exsection of the head of the bone whenever it was found denuded and carious; and throughout the whole treatment, the application of an apparatus for maintaining sufficient extension to prevent all pressure of the head of the femur against the upper part of the acetabulum, and yet allow the patient to take some exercise. All the important practical deductions of the writer were sustained and illustrated by cases reported in detail. The reading of this paper, and the exhibition of the apparatus accompanying it, was followed by a very interesting discussion, which was participated in by a large number of the more eminent practical surgeons in our country, among whom we noticed Drs. Willard Parker, J. P. Batchelder, J. R. Wood, Alden March, and F. H. Hamilton, of New York; J. McDowell of Missouri; J. Knight, of Conn., and others.

The paper was universally regarded as possessing great practical value, and was recommended for publication in the Transactions of the Association.

About fifty members of the Association assembled in the Section on Practical Medicine and Obstetrics, and organized by the election of Dr. Nourse, of Maine, Chairman, and Dr. A. K. Gardner, of New-York, Secretary. A voluntary communication, entitled, "Treatment of Phthisis by Chlorate of Potassa, with observations on Oxygen and Ozone as Therapeutical Agents," was read by the author, Dr. Fountain, of Davenport, Iowa.

The author assumed that *tubercle* was the result of an imperfect oxydation and metamorphosis of the nitrogenous structures of the body, and therefore, whatever would increase the oxygen of the blood would not only act as a prophylactic,

but would also furnish the conditions most likely to effect the disintegration and ultimate excretion of the tuberculous matter already formed. The well-known efficacy of the Chlorate of Potassa in increasing the arterial hue of the blood, and increasing its capacity for oxygen, suggested its use as a remedy for tuberculosis. The author reported only three cases treated with the Chlorate, but in each of these its effects were represented as remarkably beneficial. He gave it to the extent of half an ounce, dissolved in water every twenty-four hours. The paper also contained a careful review of the facts hitherto recorded in relation to *Ozone*, and its connection with oxygen, from which the author was led to the conclusion that the former was simply oxygen in a *nascent* state. The paper was a highly interesting and suggestive one, and led to a discussion in which many members participated. During the discussion, the fact was elicited that a large proportion of those present had used Chlorate of Potassa, and found it highly valuable in Scarlatina, Diphtheria, Typhus Fever, and various diseases supposed to be accompanied by a depressed condition of the vital properties, but very few had administered it in tuberculosis. If we remember correctly, Dr. Wooster, of New York, stated that he had used it in some cases of phthisis with decided benefit; and Dr. N. S. Davis, of Chicago, stated that he had in several instances prescribed it in the advanced stage of phthisis, when from the feebleness of the patient, and the diminished capacity of the lungs, he becomes much oppressed and the blood venous, as indicated by blueness of the lips and nails; and almost always with much temporary relief to the patients. But he had never used it as a curative agent in the early stage of tuberculosis, nor in quantities so large as recommended in the paper. In view of the importance of the subject, and the small number of cases reported in the paper of Dr. Fountain, the following resolution was proposed and adopted:

Resolved, That the Section has listened to the paper of Dr. Fountain with deep interest, and suggest that it be referred back to the author, with the request that he continue his investigations, and report to the next annual meeting of the Association.

Dr. N. S. Davis, of Chicago, then read a full abstract of a paper on the Effects of Alcoholic Stimulants on the Developments of Tubercular Diseases. The paper was founded on the history of 210 cases of phthisis collected by the author during the last five years, and the conclusions to which he arrived are as follows, viz :

1st. That the development of Tubercular diseases is facilitated by all those agents and influences, whether climatic or hygienic, which directly or indirectly impair or retard the metamorphosis of the organized structures and the efficiency of the excretory functions.

2d. That both observations and carefully devised experiments show that the presence of Alcohol in the human system, notwithstanding its temporary exhilaration of the nervous system, positively retards both metamorphosis and elimination.

3d. That, neither the action of alcohol on the functions of the human body, nor the actual results of experience, furnish any evidence that alcoholic beverages are capable of either preventing or retarding the development of tubercular phthisis.

The reading of the abstract was followed by some remarks by Drs. Austin Flint, of New York, Bowditch, of Boston, and others ; when on motion the paper was recommended to the Association as worthy of publication.

The Section on Meteorology, Epidemics, etc., was organized by the appointment of Dr. C. A. Lee, Chairman.

A very elaborate and valuable paper was presented to this Section, on the Topography and Epidemics of New York State, by Dr. Joseph M. Smith. It was recommended by the Section for publication in the Transactions of the Association.

A report was also presented on the Topography and Climate of some portion of California, which, after some discussion, was recommended to be returned to the author, chiefly from a deficiency of statistical and tabulated facts.

On motion, the Section adjourned to 3 o'clock the following day.

THIRD DAY.—THURSDAY.

The Convention was called to order at 9 o'clock—the President, Eli Ives, M. D., of Conn., in the chair.

The minutes of the previous day's proceedings were read by the first Secretary, Dr. S. G. Hubbard, of Conn.

A motion to accept the Secretary's report without reading, was lost. The minutes were accepted.

A list of recent registrations was then read. There are now registered between 550 and 600 delegates.

Dr. Chas. Hooker spoke of the number registered, and that for some reason unknown, many delegates did not register themselves at all, as well as many permanent members—and that many registered themselves without signing the Constitution.

Dr. Arnold, of Ga, to facilitate business, offered a rule that no member be allowed to speak or read addresses of more than ten minutes in length; carried.

Dr. Shattuck moved a suspension of the rules for the purpose of introducing two resolutions; carried.

Dr. Bowditch reported resolutions on the Hunter Memorial to be erected in Westminster Abbey; accepted.

Report of the committee appointed to confer with the American Medical Teachers' Convention. Report received and adopted section by section. The resolutions were discussed at some length by Drs. Flint, of New York, Shattuck, of Mass., McDowell, of Mo., Atlee, of Penn., Brodie, of Mich., Palmer, of Mich., Nourse, of Me.

Dr. Bennett, of Danbury, Ct., moved that the whole be laid on the table; lost.

Dr. Johnson, of Mo., continued, followed by Worthington Hooker, of New Haven. N. S. Davis, of Ill., Reese, of New York, Humphreys Storer, of Boston, and Mussey, of Cincinnati.

All the amendments to the fourth resolution were withdrawn, and the previous question ordered.

Dr. Childs, of Mass., took the stand for an explanation. Dr. Storer, amid great confusion, rose to a point of order. Ruled out. Great excitement, a dozen attempting to get the floor, amid shouts of "go on," "hear him," &c.

Dr. Shattuck spoke regarding the 4th resolution.

Dr. W. Hooker made an explanation regarding the Yale Medical College, and its connection with the State Medical Society.

Dr. Watson, of N. Y., spoke against the 9th resolution. It was laid on the table. It virtually cut off the New York Academy of Medicine from this Society.

Dr. Atlee spoke of it as altogether unconstitutional, and the law was read—"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than one half this number. The Faculty of every regularly constituted Medical College or chartered school of medicine shall have the privilege of sending two delegates.

"The professional staff of every chartered or municipal Hospital, containing an hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized Medical Institution, of good standing, shall have the privilege of sending one delegate."

The 9th resolution was laid on the table.

The whole report was adopted, and referred to committee of Publication.

Committee on Nominations reported—

Committee on Medical Literature: Frank H. Hamilton, New York; Edward Warren, Md.; Chas. A. Lee, New York; I. W. C. Ely, R. I.; E. H. Clark, Mass.

Committee on Medical Education:—L. S. Ayres, Va.; C. C. Cox, Md.; I. C. Bradbury, Maine; L. H. Steiner, Md.; M. A. Pallen, Missouri.

Surgical Treatment of Stricture of the Urethra—James Bryan, Pennsylvania.

Drainage and Sewerage of large cities:—A. J. Semmes, La.; C. Boyle, Ga.; W. C. Dove, District of Columbia.

Puerperal Tetanus statistics, Pathology and treatment—D. L. McGugin, Iowa.

Anæmia and Chlorosis—H. P. Ayres, Ind.

Alcohol and its relations to man—J. W. Dunbar, Maryland.

Milk Sicknes—Robert Thompson, Ohio; S. M. Beemis, Ky.

On the effect of Perineal Operations for Urinary Calculi upon pro-creation in the male—I. S. White, Tenn.; J. B. McCaw, Va.; R. C. Foster, Tenn.

Mercurial Fumigations in Syphilis—L. W. Yandell, Ky.

Cause and Increase of Crime—W. C. Snead.

[We are obliged to omit the remainder of the Committees. We append the Resolutions:]

Resolved, That it be recommended to the different States to collect subscriptions of not more than one dollar each from every regularly educated physician. All monies so collected to be forwarded by the chairman of the committee here, by appointment, to the Treasurer of the Hunter Memorial in London.

Resolved, That Drs. Henry Bowditch, of Mass., Amos Nourse, of Me., G. B. Twitchel, of N. H., C. Clark, of Vt., G. L. Collins, of R. I., Chas. Hooker, of Conn., and many others be a Committee to collect subscriptions.

Resolutions adopted as a whole.

Moved that a copy of these Resolutions be sent to all regular Medical Colleges of the country—carried.

Resolution made and accepted that a seal of this Society be given to every Medical School in good standing, to be withdrawn upon evidence of misconduct.

Motion made to meet in mass this afternoon at 4 o'clock; carried.

Amidst great confusion and the putting of motions and amendments a motion to adjourn was lost. Motion made and carried that the Sections meet at 2½ P. M. Adjourned.

AFTERNOON SESSION.

[*Note*.—Jno. L. Atlee, of Pa., was substituted on the Nominating Committee in place of Dr. Wilson Jewell, who was elected one of the Vice Presidents. The above in our yesterday's report was omitted by accident.—Ed.]

The Association was called to order by the First Vice President.

The President requested the Committee on the Hunter Memorial to retire for private business.

Moved that Dr. White be permitted to continue his report.

Report of Committee on Medical Typography and Epidemic Diseases referred to the Committee on Publication.

Committee on Hospital Epidemics discharged.

Committee on Puerperal Fevers discharged.

Committee on *Veratrum Viride* discharged.

Report on Improvements in Surgery referred to the Section on Surgery.

Report on Inebriate Asylums referred to the committee on Publication.

The President called for a report of each of the Sections.

1st. Anatomy and Physiology; referred to the committee of Publication.

2d. Practical Medicine and Obstetrics; report referred to Committee of Publication.

3d. Section on Surgery; report adopted; ordered Published.

4th. Meteorology; report adopted and referred to the committee on Publication.

The President called for a report of the committee on Rules of Order.

The Report was taken up *seriatim*.

After much discussion, a motion prevailed to lay all the Rules of Order on the table.

Dr. McDowell, of Mo., moved that the Convention go into a Committee of the Whole for the purpose of discussing Dr. Reese's resolutions; withdrawn by request.

Resolutions from the Essex Co. Medical Society of N. J. were offered; adopted.

Moved that a Special Committee be appointed to confer with the different legislatures on this subject.

Motion made and carried that Dr. Cox be continued on the committee of Necrology.

Report of the committee on Tracheotomy was read; adopted. Referred back to committee to continue and report next year.

Dr. Bell, of Brooklyn, introduced a resolution giving the Sections power to refer papers to experts to determine whether they be published; amended to be referred to the committee of Publication.

Whole matter laid on the table.

A communication from the Judiciary Committee of the Connecticut Legislature was read, asking that a committee be appointed to report a bill upon the subject of Criminal Abortion, for action at the next session—carried.

The Chair will appoint a Committee in due time.

Moved that the American Medical Teachers Convention be perpetuated in connection with the American Medical Convention, and delegates be appointed to meet from each Medical School, the day before the American Medical Convention, at the same place.

Amended to "meet regularly" instead of being perpetuated—adopted.

Moved that the committee of last year, on this subject, be continued.

Moved by Dr. Atlee that the Hunterian Committee be empowered to fill all vacancies in it—carried.

Resolution offered that a committee be appointed to prepare rules for this organization—laid on the table.

President Day, of Yale College, was invited to a seat on the stage.

Communication from Elmira, N. Y., read. Referred to Surgical Section.

Moved and carried that a vote of thanks be offered to Dr. Beemis for the faithful discharge of his duties as Secretary; amended by substituting "Retiring Officers."

Resolution offered of thanks from this Association to the Faculty of Yale College and to the citizens of New Haven, for their elegant hospitalities and kindness during their stay here—carried unanimously.

The three amendments to the Constitution proposed last year by Dr. Mason and Dr. Lindsby, were then taken up. The first, relating to the appointment of delegates, was rejected. The second, requiring all permanent members to present certificates of good standing, received a large vote, but not the constitutional majority of *three-fourths*.

The third amendment, proposed by Dr. Lindsby, was indefinitely postponed.

Dr. Hooker spoke to the Convention in regard to commutation tickets.

Moved that they go into a Committee of the Whole; carried.

Dr. Askew in the chair.

A discussion was called up in regard to the Resolutions of Committee of Education, Dr. Reese, chairman.

Dr. Gardiner moved the Committee rise, report progress, and report the resolutions entire to the Committee of Publication.

Dr. Hamilton, of Brooklyn, offered a resolution for a bill for the establishment of a College of Physicians and Surgeons of American Medical Association. Discussed by Drs. Hamilton, Gardiner, and others. Resolution withdrawn.

Dr. Cox, of Md., spoke at length in favor of the primary resolutions.

Dr. Atlee introduced Dr. Stephens, Ex-President of the Convention. He was invited to a seat on the stage.

Dr. Neringer, of Pa., spoke against the second resolution.

Dr. Hamilton supported his resolution.

Dr. Crane spoke against it.

Moved the Committee rise and refer the resolutions to the Convention ; carried.

Vice-President Askew here presented the report of the Committee of the Whole to the Convention. Accepted. Referred to Committee of Publication.

Dr. Dixi Crosby addressed the Convention as to its general action.

Motion made that the Convention adjourn *sine die*. Carried.

DOINGS IN THE SECTIONS.—THIRD DAY.

At 2½ P. M., of Thursday, the members of the Association again assembled in the several Sections. As on the previous day, the Section on Surgery was most numerously attended, and several papers of importance were considered and disposed of.

The Section on Practical Medicine and Obstetrics was well attended, and as the whole time of the previous session was occupied with papers in relation to Practical Medicine, those relating to Obstetrics were given the precedence. An interesting and profitable discussion took place concerning the treatment of retro-version of the Uterus, which was participated in by many of the members, most of whom spoke favorably of the use of the elastic air-bag as an aid in effecting replacement. Dr. McGugin, of Iowa, made a partial report on the subject of

Puerperal Tetanus. He stated that he had collected reports of twelve or more cases, in addition to those reported by Prof. Simpson ; that a majority of the cases had occurred after *abortions*, accompanied by so much hæmorrhage as to require the use of the tampon ; and that three of the cases had occurred under his own observation.

Dr. Storer, of Boston, expressed some surprise at the number of cases collected by Dr. McGugin, as he had never met with but one case, which occurred after delivery at the full period, and during the retention of an adherent placenta.

Dr. A. K. Gardner, of New York, also thought the disease of very rare occurrence, as he had never met with a case in that city.

A gentleman, whose name we did not get, related a case occurring in his practice, which took place after confinement at the full period, and seemed to arise from imprudent exposure of the feet to a current of cool air, coupled with mental depression from domestic trouble.

Dr. Palmer, of Mich., and several others, made some observations on the subject. As it appeared that a large majority of the cases occurred, either when there was partial or complete retention of the placenta, or after the use of the tampon to suppress hæmorrhage, Dr. Davis, of Ill., inquired whether it was not probable that the disease originated from a poison generated by the decomposition of retained clots, parts of placenta, etc., in the uterus. The subject was discussed with much interest until the hour of adjournment.

In the Section on Meteorology and Epidemics, Dr. Thompson, of Ohio, made a partial report on Milk Sickness, which led to a very interesting interchange of views in relation to that disease, and to the prevalent "cattle disease," or pleuropneumonia at present so fatal in Massachusetts.

For further comments on the general aspect and results of the recent meeting of the Association, see Editorial in the present number of the *Examiner*.

SURGICAL NOTES.

BY E. ANDREWS, M. D.,Professor of Surgery in the Medical Department of Lind University

Dislocation of the Hip. Reduction by Reid's Method.—

Anthony B. was admitted to Mercy Hospital on the night of the 8th of June. While driving a load of lumber, the wagon upset, and he was picked up with a contusion of the left knee and a dislocation of the corresponding hip. He was laid in an ox wagon and brought to the city, a distance of twelve miles, suffering excruciating torture from the motion of the vehicle. On examination, I found the limb rotated inward, the great toe pointing to the hollow of the opposite foot, and firmly resisting any attempt to rotate it outward. There was very little shortening, and the trochanter was removed somewhat too far from the spinous process of the ilium. In short, it proved to be a dislocation into the Sciatic Notch.

My theory of the way in which the accident occurred, was, that in falling he struck upon the knee while the thigh was flexed and abducted, and that the same blow which caused the contusion drove the head of the bone out through the posterior part of the capsular ligament.

After administering a mixture of chloroform and ether to full anæsthesia, I reduced the dislocation by manipulation, or as it is termed sometimes, by "Reid's method," and it returned readily, and with the usual "jerk," to its socket. The patient recovered rapidly.

Neuralgia of the Face of thirteen years standing. Cure by removing a portion of the nerve.—J.—B.—, of Kankakee, had suffered, by his account, thirteen years, with a most terrible neuralgia in the lower part of the right side of his face. The pain seemed to recur in paroxysms every three or four minutes, when he would be incapable of attending to anything but his extreme torture, and endeavor to alleviate a little his agony by rubbing the part briskly with his hand until the paroxysm subsided.

your Institution in Chicago which are accessible in any other large city. From personal knowledge, I am satisfied they will have the opportunity to see as much practice both in Medicine and Surgery as anywhere else; this I deem all important to the student previous to entering upon the duties of the profession.

In reference to your former locality in Indiana, I would observe that but few changes of interest have transpired. Our summer fevers are not perhaps of such frequent occurrence in proportion to our present population as formerly, or in the fall season of so malignant a type as at the time when you resided among us. It is true that time and fashion has imposed upon us some change in the treatment of disease, but why should we expect to be exempt from what appears to be the common lot of all? Remedial agents and modes of practice, have all of them had their periods of celebrity, decline, and revival; and if we will take the trouble to examine the antecedents of the past, we will find, alas! that first one system and then the other have been in use before, and have in time sunk into neglect; such seems to be the fate of emetics here, as a remedial agent in the various grades of bilious fevers; and also venesection in pneumonia has fallen into very general disuse in this section. I know of no reason for the abandonment of the proper use of these therapeutic remedies. We certainly have no new pathological forms of summer fevers now, that has not existed to a greater or less extent ever since I have known the locality. I have, for upwards of thirty years, very generally used emetics in the commencement of bilious fevers, and certainly have not the slightest cause to regret their use. You are aware, Sir, from practical experience, that our summer fevers consist, with the exception of the typhoid form, very generally of intermittents and remittents, generally of a high grade of action. The more violent forms are characterized by a severe pain in the forehead, sometimes delirium, pains in the lumbar and epigastric; often in the left, and sometimes in the right hypogastric regions; hurried respiration, flushed face, aching in the bones, dry and hot skin, intense thirst, tongue covered with a thick yellowish white coat, and

sometimes with a yellowness of the eyes and skin, urine high colored, and the bowels generally constipated; with a full and strong pulse, nausea and frequent vomiting of bilious matter. In the above form of fever, emetics produce effects of a kind, and with a speed which no purgative alone can equal. You will recollect the unusual sickly year of 1833 or '34, when almost every family were more or less affected by the above form of fever; some hundreds of such cases were in my hands during that season, and emetics were very generally used in the onset, and with the exception of my distinguished patient, Professor Say, I had not a single death from fever during the whole summer. I do not say this, Sir, from any feeling of egotism, but simply because it is true.

The occurrence of those fevers at the same season of the year; their production from the same local causes, with some slight variations; their coincidence of general symptoms; and hitherto, the very successful mode of practice pursued, certainly points to a perseverance in the same curative plan.

What substitute have we to supply the place of emetics in such cases? Their influence goes far beyond the mere emptying of the morbid contents of the stomach and alimentary canal; the nausea which attends their operation, and the mechanical pressure of the diaphragm during the act of vomiting, brings the liver and whole portal circulation under their beneficial influence. The severe attendant headache in the frontal portion of the brain, and the congestion, which so often attends the hypogastric region, is not only removed by emetics, but the Ductus Communis Choledochus is relaxed, and the passage of the bile flows freely into the duodenum, and results very often in evacuating the bowels, rendering at the time more medicine unnecessary, while the relaxed and moist surface tends materially to lessen the febrile action.

I am aware that however specious the *modus operandi* of emetics may appear, that many timid practitioners reject their use as inadmissible, in consequence of the apparent prostration of the energies of the system which they produce; but this is temporary in character, and fully compensated for in a few hours by the improved condition of the patient.

It appears to me that if we ever do attain to anything approaching a correct mode of practice, it must be by the incessant accumulation of facts. I have no objection to theories, or know of no impropriety in the application of theories to facts, if made in the true spirit of inquiry, by analyzing and comparing fact after fact, and drawing from them such conclusions as will apply to other facts of a similar kind. To investigate disease is to observe facts, and to note their indissoluble connection between cause and effect. This is the only theory which I can recognize—the observation of facts, and the points in which the causes which produce them agree, and making in general terms their features of resemblance, and thus forming a principle to guide us in the cure of disease.

It is upon the accurate discrimination of the physician amidst the various shades of constitution and disease, and a reference of each symptom to its proper antecedent, that he is enabled to achieve that which distinguish him from the common herd of the profession.

On the subject of Venesection in Pneumonia I have not much to say. However beneficial it may be in the early stage, where there is a full and strong pulse, it certainly is not admissible in the more advanced stage. Physicians in this section are seldom called upon in a country practice to visit the patient in time to use the lancet. Much harm has been done by indiscriminate bleeding, and if extremes must be adopted by a certain class of practitioners, I am of the opinion that the community will be much the gainer by their not bleeding at all.

I had almost forgot to mention that we have had numerous accessions to the faculty of Southern Indiana since you left. Many are gentlemen, and promise to be an honor to the profession, while others in this section, as elsewhere, are merely illiterate tyros in practice, and *practically* discard all knowledge of *Materia Medica*, *Pharmacy*, etc. With some exceptions, the only article deemed necessary to their success is Hydrag. Submur.: and while I appreciate the proper use of this article to the various purposes of disease, I regret to be under the necessity of making this statement. No remedy has been

more successfully or extensively used, or in a greater number of cases, yet it is nevertheless a fact, that no article is so shamefully abused; a resort to its use is too often *the refuge of ignorance and incompetence*. Such men use it in all stages of febrile action. They employ it almost, if not exclusively, in greatly excited states of the heart and arteries. Should there be local disease in connection with the fever, it is given in all its stages, and often without regard to the propriety of previous evacuations. It is given in minute doses. It is used in order that it may exert a specific stimulant influence independent of its known properties. It is employed to destroy the action of fevers by its own mercurial action on the system.

In early life I frequently witnessed the failure of large doses of calomel to produce evacuations, when I have found in nearly similar cases, and under nearly similar circumstances, a more mild, yet more active evacuant, answer every purpose, and accounted for it by the debility of the intestinal canal being increased by the stimulus of the mercury. I have known dose after dose to be given by some practitioners without producing a single passage, and in my opinion because the stomach and bowels were rendered insusceptible by the very means used to increase their peristaltic motion and empty their contents. When such men are doubtfully and despondingly sitting at the bed-side of a patient whose doubtful case calls forth their intense anxiety—their minds bewildered in uncertainty and and doubt, when their favorite remedy—this single club of Hercules—this lever and fulcrum of Archimides is about to disappoint their cherished hopes—how admirably convenient, they have but to push still more energetically the chloride; with this alone they feel themselves competent to slay the monster disease, and set at defiance hosts of opposition.

I was present at the National Medical Convention, held in Philadelphia in 1847, and felt proud of my profession; certain it was, that there never was a more noble or talented body of men assembled together than there was on that occasion, and from the sentiments there and then expressed by many distinguished physicians, I had hoped that something would have been accomplished ere this to elevate the standard of the med-

ical profession. Till this is done you may expect to embrace in our ranks, men of every shade of intellect, if not some that scarcely possess any.

Some considerable time since I received from you a letter, soliciting from me contributions for the pages of the *Examiner*, and I do not recollect whether I replied to you or not, but be this as it may, I would say to you that for some time I have been more or less indisposed, and have not written so much as formerly, but will endeavor to become a better correspondent in future. I will send you two or three of my recent cases, which will, perhaps, be of some interest to the profession, and forward you enclosed for publication.

Please present my respects to Dr. Davis, and accept the same for yourself.

Respectfully Yours,

New Harmony,
June 9th, 1860. }

ROBERT ROBSON, M. D.

CLINICAL REPORTS.

Mercy Hospital. June 21st, 1860. Service of Dr. N. S. DAVIS.

The substance of the clinique this morning was as follows :

Mr. M., a native of Ireland, aged about thirty years, was admitted into the Hospital between three and four weeks since. He was thin in flesh, with a depressed and anxious expression of countenance; pulse frequent, but not full; skin hot; tongue coated with a thick white fur; considerable thirst; bowels slightly relaxed; and a constant dorsal position. He kept the left thigh flexed upon the pelvis; complained of a very severe paroxysmal pain in the outer part of the left groin, extending at times down the anterior part of the thigh, which was greatly increased by every attempt to move the limb. The groin was tender to pressure, but not visibly swollen. Alteratives and anodynes were given internally, and cloths wet in the infusion of Aconite Leaves applied to

the groin and upper part of the thigh. In three or four days the general febrile disturbance ceased, and the pain changed from the groin to the hip or gluteal region, extending from the left side of sacrum to the level of trochanter major, and sometimes following the whole length of the sciatic nerve and its branches to the toes. There was a constant dull pain, with frequent paroxysms of great severity. The paroxysms were often accompanied by spasmodic action in the flexor muscles of the limb. The whole gluteal region, and especially the trunk of the sciatic nerve and its origins from the spine, was tender to the touch. The thigh was partially flexed upon the pelvis, and the knee turned in, resting against the knee of the opposite side, and every attempt to move it from that position caused the most excruciating pain. The skin was relaxed, and almost constantly bathed in perspiration.

The attention of the class was called to the symptoms of this case minutely, as it involved the diagnosis between psoas inflammation and abscess, hip-joint disease, and sciatica. It was noticed that the pain commencing in the groin, and the flexed position of the limb with the knee turned inwards, corresponded with the phenomena of psoas abscess, or at least irritation along the upper part of the psoas muscle. But the sudden change of the pain from the groin to the outer part of the hip, leaving in the iliac and psoas regions, neither pain, swelling, or tenderness, together with the absence of the rigors and hectic which usually mark the commencement of internal abscesses, renders it almost certain that no inflammation or suppuration exists in the iliac or psoas regions. Reviewing the symptoms of hip-disease in comparison with this case, we shall find the following marked differences. In the ordinary form of Coxalgia or hip-disease, it commences very slowly by a simple awkwardness in walking, and generally neuralgic pains referred to the knee, and many months will elapse before the patient becomes wholly disabled, thus differing entirely from the progress of the case before us. However, we sometimes meet with cases of a more acute inflammation of the sinovial membrane of the hip-joint which may develop itself rapidly, characterized by great pain, increased by every

movement of the limb, and more or less general febrile symptoms. But in all such cases there is early and marked swelling, with acute tenderness directly in the region of the joint; while here there is no swelling, although the patient has been confined to the bed for several weeks, and no tenderness except in the track of the sciatic nerve. Again, in hip-disease, whether acute or chronic, pressure on the trochanter major in such direction as to press the head of the femur into the acetabulum pretty uniformly causes pain, while here no pain is occasioned by such pressure. We thus find by a close comparison that some of the essential phenomena of both psoas abscess and coxalgia are absent, while the prominent symptoms actually present are such as might result from irritation of the sciatic nerve, or of that part of the spinal cord from which it originates. Hence, it would be called a case of Sciatica. To get a rational basis for treatment, however, we must pursue the subject of diagnosis still further. For at the bed-side we have found *three* varieties of disease involving the sciatic nerve, not only differing in their pathology, but also in the therapeutic means required for their treatment. The first consists in an inflammation of the neuralema or fibrous sheath investing the nerve, and is generally of rheumatic origin. It is characterized by a dull, aching pain, extending from the lumbar vertebræ to the upper and outer part of the thigh, with irregular exacerbations of great acuteness, and extending through the whole length of the limb to the toes. There is acute tenderness over the origins and trunk of the nerve, but without swelling, and the pain is more severe at night, and greatly aggravated by any movement of the limb. In the early stage it is often accompanied by slight general fever, and sometimes by rheumatic inflammation in other parts of the body. The second variety is characterized by severe paroxysms of pain in the nerve, generally commencing behind and above the trochanter, and extending more or less down the limb, but strictly periodical in their occurrence; that is, the paroxysms commence about the same time every day or every second day, continue a given number of hours and then cease, with as much regularity as the paroxysms of an intermittent.

There is usually no fever, and if slight tenderness exists during the paroxysms, it entirely disappears in the intermissions. This variety is undoubtedly of malarious origin, being chiefly met with in districts where intermittents prevail endemically, and may be properly styled periodical sciatica.

The third variety is characterized by irregularly recurring paroxysms of very acute pain in the course of the nerve, commencing as suddenly as a current of electricity, and ceasing equally sudden, and unaccompanied by either fever or tenderness to pressure. When it has continued for several months, the muscles of the limb are generally found to be more or less atrophied, and their contractility so much impaired as to produce a clumsy or awkward gait in walking.

Your attention is called thus minutely to the several varieties of Sciatica; that you may avoid the very common practice of applying certain remedies empirically to all cases, without any reference to their special characteristics.

Both the causes and the pathology of the third variety named are involved in obscurity and doubt; and the majority of cases seem to be but little influenced by remedial agents. The second class of cases more generally yield readily to a judicious use of anti-periodics and tonics. The first class of cases, to which the patient before us evidently belongs, are generally amenable to such remedies as relieve sub-acute rheumatism in other parts of the body. If we have correctly interpreted the symptoms of this case, it consists of a sub-acute rheumatic inflammation of the neuralema or sheath of the sciatic nerve from its origin in the spinal cord to a point a little below the level of the trochanter major. We have before explained that all inflammations when closely analyzed are found to contain three elementary pathological conditions, namely, an exalted susceptibility in the structure, an altered affinity, and an accumulation of blood in the capillaries; and that these several conditions exist in very variable degrees of intensity in different cases, thereby causing the different varieties of inflammation. In all rheumatic inflammations, the first element, which we call exalted susceptibility, predominates, causing great pain and sensibility of parts, with comparatively little change

either in the accumulation of blood or the nutrition of the part. This is pre-eminently true when, as in the present case, the inflammation is in parts immediately investing nerve matter. Hence, in examining this man's hip, you do not find sufficient accumulation of blood in any of the structures to cause a perceptible degree of swelling, or even increased local temperature, and yet the sensibility is so much exalted that every motion or touch causes the most severe pain, while the spasmodic action of the muscles show the same exaggerated influence of the motor filaments of the nerves.

These conditions have an important bearing on our therapeutic measures. If the inflammation was located in a highly vascular structure like the lungs, for example, the accumulation of blood might be so great, that with the altered vital affinity, a dangerous degree of engorgement and infiltration of texture would result. Hence, measures calculated to counteract or relieve such accumulation of blood would constitute a primary indication in the treatment. But in the case before us, the small extent of the texture involved, and the little comparative vascularity, renders this indication of minor importance, while the extreme exaltation of susceptibility in the enclosed nerve structure calls for the use of such agents as tend to subdue this as a primary step in the treatment. You are already aware, from previous instruction in these wards, that rheumatic inflammation is very generally regarded as arising from the retention of some effete and disturbing element in the blood; and consequently that the first object of the physician should be, either to expel by elimination, or neutralize by chemical agents, this supposed irritant.

Without denying the correctness of this doctrine in relation to the essential cause of rheumatic inflammation, we must caution you against a prevalent tendency to restrict our attention entirely to this and the remedial measures it suggests. You must remember that an inflammation, or any other morbid process, does not always cease with the cessation of the efficient cause which excited it to action.

Hence, though a removal of the cause may be a primary indication, it does not necessarily supersede all other indications

for treatment. On the contrary, a morbid process, like inflammation, once established in any given structure may persist, accompanied by great pain, until it results in serious change of texture by effusion, infiltration, and induration; or in destruction by suppuration and gangrene.

For reasons already given, we have little to fear from any of these changes of texture in the case before us; consequently it presents but two prominent objects to be accomplished by treatment. First, to remove the exciting cause; and second, to overcome the extreme susceptibility and consequent pain which has been engendered in the affected nerve and the parts on which it is distributed. On the first admission of the patient, we endeavored to accomplish these two objects by using such remedies as promote excretion in conjunction with such as directly diminish morbid susceptibility.

We gave the following :

℞	Vin. Colchici	℥j.
	Tinct. Cimicifuga Rac.	℥ii.
	Tinct. Verat. Viride,	℥i.

Mixed, of which a teaspoonful was given every four hours, with the following powder at bed-time :

℞	Pulv. Opii,	2 grs.
	Nit. Potassa,	10 grs.
	Hydrarg. Chlorid. Mite.	2 grs. Mix, one powder.

At the same time we kept the whole groin and hip covered with cloths wet in a warm infusion of Aconite Leaves. In less than forty-eight hours the general febrile symptoms had disappeared, the skin and kidneys acted freely, the tenderness of the nerve tracks was diminished, but the paroxysms of pain and spasmodic action of the muscles of the thigh continued. The Tinct. Verat. Viride was now omitted from the first prescription, and otherwise the same treatment continued. The next day the pain and tenderness had left the groin entirely, but remained severe in the origins and trunk of the sciatic nerve. The patient had sweat copiously, and the kidneys had acted freely during the whole of the past three days, and now the Colchicum began to move the bowels too freely. We continued the same applications externally, and gave internally the following :

R	Pulv. Opii,	10 grs.
	Nit. Potassa,	30 grs.
	Pulv. Doveri,	30 grs.

Mix, and divide into six powders, of which give one every four hours.

Having occasion to leave home for ten days, all my patients here were left in charge of my colleague, Prof. Andrews.

You will perceive that up to this time the treatment had been designed, on the one hand, to promote elimination sufficient to free the system from any retained effete or disturbing agents, and on the other, to allay pain and morbid sensibility. As the relief of the patient was only partial, my colleague adopted a course of treatment more directly calculated to act chemically upon the fluids of the body, by giving the patient freely of the Salts of Soda and Potassa, with an anodyne at bed-time. Still, as you have just seen by a careful examination of the patient, it has exerted very little apparent influence over his suffering.

The questions now arise, why does the pain continue? And what further remedial agents are called for? You have already been cautioned against relying too exclusively upon such means as are calculated merely to remove the exciting cause of a disease. The case directly before us proves the necessity for that caution. For three weeks all the important excretory organs have been kept active, and for more than one week the fluids of the body have been freely saturated with alkaline salts. Hence, if the disease depended upon the presence of any acid irritant in the system, as the prevailing doctrines of the profession claim, it certainly should have been either eliminated or neutralized. It is true that under the past treatment all general fever has disappeared, and the local tenderness has much diminished, but the pain and spasms, depending, as we suppose they do, on the irritation or morbid susceptibility of the nerve structure, still continue. May not this continuance of nerve irritation depend, in part at least, on too great a relaxation of structures, or in other words, debility, favored by the excessive eliminations of the past two or three weeks?

Whatever may be the theories we adopt for explaining the condition of the patient, it is certain that he is now much debilitated, and all his structures relaxed, and yet a fixed position of the limb, with frequent and excessive paroxysms of pain. Hence, the indication for further treatment plainly consists in the use of such agents as will strongly diminish nerve irritability and pain, while they increase the vital affinity and consequent tonicity of the tissues. For this purpose no more efficient combination can be found than that of Opium with Quinine, given in moderately large doses. Sometimes, however, Opium when thus administered for several days in succession, checks too much the action of the kidneys. This can be prevented by adding Nitrate of Potassa to the other ingredients. We shall therefore direct for this patient the following :

R	Sulph. Quinine,	24 grs.
	Pulv. Opium,	16 grs.
	Nit. Potassa,	40 grs.

Mix, and divide into eight powders. Give one every four hours.

At the same time we shall cause a small blister to be made just above the left sacro-iliac junction, the cuticle to be removed, and half a grain of Morphia applied to it each night and morning, with a dressing of mild Mercurial Ointment during the interval. If the pain becomes subdued and the patient sleeps, we shall gradually diminish the quantity of both quinine and opium, aiming to so adjust the doses as to keep the pain under control without stupifying the patient. If necessary, a fresh blister will be made over the track of the sciatic nerve every two or three days.

Note.—Two weeks have now elapsed, and the patient is slowly recovering without any material alteration of the plan of treatment just set forth.

PROF. DAVIS' CLINIQUE IN THE MEDICAL DEPARTMENT OF LIND UNIVERSITY.

Saturday, June 23d, 1860.

Case 1st. *General Irritation of the Mucous Membranes.*—

This patient is a child aged 10 months. The mother says it has been feverish and restless all the past week. It has a frequent, harrassing cough, with some rattling of mucous in the air passages; together with frequent discharges from the bowels. The fœces are thin, variable in color, and mixed with mucus. The stomach is also sensitive, often rejecting its milk after nursing, and crying as if troubled with colic pains. On looking into the mouth you find the mucous lining redder than natural, more hot, as well as more heat of the cutaneous surface generally.

From these symptoms we infer that a low grade of inflammation exists in the mucous membrane of the air passages and the lower half of the bowels. Such cases have been frequently met with during the last few days, and in most instances the following mixture has afforded the most prompt relief:

℞	Ol. Terebrinth,	3 i.
	Tinct. Opii.	3 i.
	Pulv. G. Arabac, {	a.a. 3 iii.
	White Sugar, {	

Rub together, and add:

Comp. Honey of Squills, &c.	3 iii.
Mint Water,	3 iss.

Mix, and give the child from twenty to thirty drops every three or four hours.

We shall give the child this mixture, and request the mother to bring it again in two or three days if it is not fully relieved.

Case 2. *Hooping-Cough.*—This little child is only four months old. We are told that it has had a severe cough for two weeks past. The cough comes in distinct paroxysms, apparently very severe, and often ending with so much strangling or spasmodic difficulty of inspiration as to cause the face to become very turgid with blood, and the eyelids swollen.

Sometimes the efforts at inspiration are accompanied by a loud stridulous sound called the *hoop*. This disease is distinguished from bronchitis or pneumonia by the distinctness and severity of the cough, the strangling that accompanies it, and the apparent entire freedom from either febrile symptoms or dyspnœa during the intervals between the paroxysms.

The child will cough with such violence as to alarm the parents at one moment, and in ten minutes afterwards be either laughing and playful, or asleep, breathing as easy as if in perfect health.

The *hooping-cough* is a spasmodic affection, doubtless depending on some peculiar morbid condition of the par vagum, or that portion of it which is distributed upon the respiratory organs. It seldom proves fatal unless by complication with bronchitis or pneumonia.

When the disease occurs in the middle of summer it is apt to become complicated with diarrhœa, especially if the ordinary expectorants are used in its treatment. As the cough is purely spasmodic, dependent on nervous irritation, our chief reliance in the treatment of it must be upon anti-spasmodics and anodynes. We shall direct for this little child the following mixture:

Rx	Tincture Lobelia,	℥ ss.
	Tinct. Cannabis Ind.	℥ ss.

Mix, and give the child 8 drops, four times a day. This dose may be increased or diminished according to its effects.

Case 3. *Chronic Bronchitis with Asthma*.—Mrs. C., aged 35 years, has had a severe harsh cough for several months. The cough is deep and rough, accompanied by a sense of soreness behind the lower half of the sternum, and a scanty opaque expectoration. She says she often has paroxysms of dyspnœa so severe that she cannot lie down at night, and feels constantly a tightness or sense of constriction across the chest. There is no fever, and only a slight degree of emaciation. By auscultation, a coarse dry ronchus was heard over both sides of the chest, with prolonged wheezing expiration, as though the bronchial tubes were contracted to such a degree that the air escaped with difficulty. There was no increased vibration of voice, and no dulness on percussion.

The members of the class were allowed to examine the patient with the stethoscope, after which the diagnosis between tuberculosis and bronchitis was fully discussed. The patient was evidently affected with that grade of chronic inflammation of the mucous lining of the bronchial tubes which causes the membrane to become congested, thickened, and yet dryer than natural. Hence, the narrowing of the tubes, causing the sense of tightness in the chest, while the sensitive filaments of nerves distributed upon the membrane partake of the inflammation sufficiently to cause frequent harrassing cough, and at times paroxysms of dyspnœa, constituting one of the varieties of Asthma.

The first object in the treatment of such a case is to diminish the morbid sensitiveness of the mucous surface of the air passages, and promote a more abundant secretion. Perhaps no remedial agents will do this more efficiently than the combination of Opium and Tartrate of Antimony and Potash. We shall, therefore, give her the following:

℞ Pulv. Opii,	8 grs.
Tart. Ant. et Pot.,	1 gr.
White Sugar,	30 grs.

Mix, and divide into eight powders, and give one each morning, noon, tea-time, and bed-time. When they have all been taken, open the bowels moderately by a dose of Castor Oil. We shall expect by that time, the cough to have become much less severe, and the expectoration more free; and if so, she may then take the following mixture:

℞ Fluid Ext. Lactuca,	℥ iss.
Tinct. Lobelia,	℥ ss.
Tinct. Cimicifuga Rac.,	℥ i.

Mix, and take a teaspoonful four times a day.

This formula may be rendered more efficacious for many chronic cases, accompanied by considerable thickening of the bronchial mucous membrane, by adding to it ℥ iss of Iodide of Potassa.

Case 4. *Incipient Tuberculosis*.—This was a woman, aged 40 years, presenting all the usual symptoms and signs of pulmonary tuberculosis in the early period of its advancement.

The case was profitably examined by the class, but we have so recently published a full clinical lecture on tuberculous cases, that we will not occupy space with the present one.

BOOK AND PAMPHLET NOTICES.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, for 1860.

The volume before us, kindly furnished by Secretary Dr. S. D. Willard, is moderate in size, but contains in concise form much that is valuable to the medical profession. The President, Dr. B. F. Barker, in his inaugural, alludes with just pride to the number and importance of the contributions to medical science which have come through this organization during the 62 years of its existence, claiming for it the paternity of the United States Pharmacopœia, and of the American Medical Association.

The report of the Committee on City Milk, by S. R. Percy, M. D., N. Y., and communicated by the New York Academy of Medicine, is exceedingly valuable, exhibiting the results of much laborious and accurate investigation upon the Pathology of "Swill Milk," and its effects upon children. The microscopic delineations are very fine indeed. The Board of Health of New York are much indebted to Dr. Willard for his able response to their request.

From the pen of Thomas W. Blatchford, A. M., M. D., we have "a condensed statement of what has been attempted for the advancement of Medical Education by the Medical Conventions of 1846 and 1847, and by the American Medical Association since its organization in 1847."

In the brief space of twelve pages, Dr. Blatchford presents before us the action and points of interest connected with this subject, as they appear running through the entire volume of the Transactions. An appropriate tribute is paid to the

memory of deceased members of the Society, among whom we note the names, Silas West, M. D., of Binghamton; Jotham Purdy, M. D.; Joel E. Hawley, M. D., Levi Farr, M. D., and Frederick F. Backus, M. D.

The Statistical Tables and Mortuary Records are valuable for reference, and the members of the State, and officers of the County Societies are found in full.

Several very valuable contributions to Medicine and Surgery help to make it a volume of intrinsic worth, and a credit to the able body which it represents.

SECOND ANNUAL REPORT OF THE CHICAGO CHARITABLE EYE AND EAR INFIRMARY. May, 1860.

In accordance with the Constitution and By-Laws of the Association, the Surgeons respectfully report:

That during the year ending May 1, 1860, *one hundred and seventy-seven* patients have been under treatment; namely, *one hundred and fifty-five* with diseases of the eye, and *twenty-two* with those of the ear; making an aggregate of *two hundred and ninety-two* that have been treated since the opening of the Infirmary, two years since.

The following is a classified list of the diseases which have been treated during the past year:

DISEASES OF THE EYE.

Wounds and Injuries.....	11	Occlusion of Pupil.....	4
Foreign Particles on Cornea....	3	Trichiasis.....	4
Conjunctivitis, simple.....	4	Inflammation of Lids.....	11
“ catarrhal.....	9	Cataract.....	8
“ granular.....	46	Paralysis of Muscles.....	1
“ diphtheritic.....	1	Atrophy of Eye Ball.....	1
“ neonatorum.....	4	Muscae.....	2
“ scrofulous.....	5	Conical Cornea.....	1
Ulcer of Cornea.....	8	Hydrophthalmia.....	1
Opacity of Cornea.....	8	Night Blindness.....	1
Staphyloma of Cornea.....	3	Xerophthalmia.....	2
Amaurosis.....	8	tumor of Eye Ball.....	1
Cystic Tumors of Lids.....	1	Abscess of Orbit.....	1
Iritis.....	4	Pterygium.....	1
Total.....		155	

DISEASES OF THE EAR.

Otorrhoea.....	6	Perforation of Membrana Tympani	4
Tinnitus.....	4	Foreign bodies in External Meatus	3
Inflammation of External Meatus	2	Not classified.....	4
Total.....		22	

Of these, *one hundred and sixty* were natives of foreign countries, and *seventeen* of the United States.

It is the special object of Charitable Eye Infirmaries to furnish the afflicted poor with suitable medical advice and aid, before loss or diminution of vision has become imminent. This work is essentially preventive and remedial, and is designed to relieve society beforehand of burdens, which, if the patient finds no seasonable relief, will fall heavily upon private friends or the public at large. No charity can be more wise, economical and worthy. Few forms of benevolence can accomplish so large a good at so small a cost.

The Dispensary of the Infirmary, at No. 60 North Clark Street, is open daily, from 11½ to 1 o'clock, for the gratuitous treatment of the poor, afflicted with diseases of the Eye or Ear.

The attending Surgeons are Edward L. Holmes, M. D., and Edwin Powell, M. D.

FORTY-THIRD ANNUAL REPORT on the state of the Asylum for the relief of persons deprived of the use of their reason. Philadelphia: 1860.

This is a pamphlet of 31 pages, containing the statistics and rules of the Friends Asylum for the Insane, in Philadelphia. A good report from an excellent institution.

PROCEEDINGS OF THE SIXTY-EIGHTH ANNUAL CONVENTION OF THE CONNECTICUT MEDICAL SOCIETY, held at Hartford, May 23d and 24th, 1860.

This is a volume of 72 pages, containing the list of officers; the address of the President, Dr. Ashbel Woodward, on Med-

ical Ethics; an essay on Hygiene, by Dr. E. B. Haile, of Norwich; a Sanitary Report, by Dr. L. S. Wilcox, of Hartford; and Biographical Sketches of Drs. Benjamin Rogers, Joseph F. Jewett, Horatio Dow, James Morgan, Ambrose Ives, and Sturges Bulkley.

SELECTIONS.

PARISIAN MEDICAL INTELLIGENCE.

(FROM THE CORRESPONDENCE OF "LONDON LANCET.")

The proceedings of the Academy of Medicine were commenced on May 29th by M. Depaul's termination of the interesting paper, begun at the previous meeting, upon Occlusion of the Os Uteri during Pregnancy necessitating the Use of the Bistoury in order to effect Delivery. A striking feature present in all the three cases detailed was the completeness of the obliteration of the uterine outlet, and also the solidity of the cohesion between the parts. Neither could the smallest trace of the os be detected by the finger, nor did the most powerful uterine efforts, though continued for many consecutive hours, in any way tend to re-establish the normal state of things.

After the reading of this communication, M. Velpeau rose; but as previous notice had been given by M. Blache, physician to the Hospital des Enfants, of an intention to bring forward a claim of priority in favor of Delau over M. Bize, of Montele-Mart, in the administration of Perchloride of iron in purpura hæmorrhagica, that surgeon waived his right in M. Blache's favor. This latter gentleman stated that several years ago, at the suggestion of M. Delau, he undertook a series of experiments with this remedy, all more or less confirming the successful results detailed in M. Bize's essay. The statement called forth a reply from the reporter of the committee, M. Devergie, in which he maintained that a full investigation of the question of priority had been instituted, and that though M. Delau seems to have been the first to turn his attention to the subject, yet as M. Bize had been the first to *publish* his experiment, the palm must remain in his possession—on the principle, I suppose, of "*Palman qui (non) meruit ferat.*"

Much time having been fritted away in this tiresome and bootless discussion about priority, it was late when M. Trousseau

rose to reply to some of the charges made in M. Devergie's report on the influence of the perchloride of iron, against the partizans of the vitalist or dynamist theory of the mode of action of iron on the economy. The learned professor said that the reporter had treated two questions in his critique: one, the action of the drug; the other, a question, and a most important one, of general therapeutics. As regarded the action of the drug in purpura hæmorrhagica, he did not consider that the cases were sufficient to prove its curative power, and he believed that medical men would be disappointed if they adopted its use and relied upon speedy and certain results. He extolled its merits as a topical hæmostatic, but said that the theory of the *chemical* action of the perchloride was absurd; that its administration in hæmorrhage from the lungs or womb was beyond measure ridiculous; and, in a clever bantering way, followed the course of a supposed dose through the system, from its administration from the mouth to its ultimate distribution, or rather diffusion, amongst all the capillaries of the body, and dwelt upon the improbability of its having reserved the employment of its styptic power until its arrival at the required destination. The sedative effects noted by the author of the paper, M. Trousseau attributed to the cessation of reaction from natural causes, foreign to the action of the remedy administered, and said that he did not believe that any drug possessed both a styptic and at the same time a sedative power. Diverging now into the general question of the mode of action of ferruginous preparations on the system, the professor argued with much power against the views of the chemical theorists, who maintain that iron, when taken, is absorbed directly into the blood and there precipitated as an oxide, and that it restores to that fluid the amount of material necessary for the reconstitution of its globules. By citing the experiments of M. Reveil, who found that in chlorosis the administration of iron, although followed by rapid increase in the quantity of blood-globules, produced no increase in the amount of that mineral in this fluid, M. Trousseau introduced his own theory concerning its therapeutical action,—namely, that of excitation. In chlorosis, where the effects of the iron are best seen, there is no lack of it in the system, but as the globules are few, it is condensed, not diminished; and the special property of the ferruginous compounds is to produce distribution by stimulating the system, and exciting the reformation of the globular ingredient of the blood.

Here the meeting was adjourned to the 5th June.

I was at the Hôpital de la Charité this morning (June 4th), and I find that M. Piorry has authorized a medical gentleman,

of the name of Guirette, from Lyons, to institute in his wards a series of experiments in order to test the value of a new plan proposed by the said Dr. Guirette, *for the radical cure of phthisis pulmonalis*, during its third or suppurative stage.

Such a proposition, at first sight, is unpromising, and especially at the Charite, whose wards are still echoing with the cruel humbugs and deceptive professions of the Docteur Noir; nevertheless I am disposed to think M. Piorry justified in giving the present scheme a fair trial. The method of treatment consists in the establishment of a fistulous opening through the integuments of the thorax and the pleura into the lung at its diseased part, and in the free admission of atmospheric air into the cavity of the abscess, which at the same time discharges its contents externally. Dr. Guirette was led to believe in the feasibility of such a plan by pure accident. Having at the Hospital at Lyons applied an issue to the chest of a phthisical patient, over the site of a cavity, and having inserted a pea in order to keep up the counter-irritation, this practitioner found that the foreign body had worked its way into the lung, and caused the pus contained in the abscess, which was a very superficial one, to escape at the artificial opening. The result so far from being fatal to the patient, was so beneficial as to lead to complete recovery. He left the hospital apparently cured, and emigrated to Rio Janeiro.

Since the occurrence of this case, Dr. Guirette has applied the penetrating cautery in three instances, and each time with the best success. Encouraged by this experience, he has come to Paris to submit his plan to public criticism; and although he has met with many rebuffs, is now enabled, by the kindness of M. Piorry, to plead his own cause, or rather that of his new system of treatment of this most incurable complaint. Operations have been already commenced; and a lad aged about eighteen years, with all the symptoms of an abscess under the left clavicle, has been handed over to Dr. Guirette, who applied on the third inst., a cautery of Vienna paste in the third intercostal space, towards the axilla. This, when the eschar falls, will be replaced by a pea attached to a thread of silk. I shall report progress in my next.

The following are a few of the practical truths insisted on by M. Desmarres, in his clinical remarks on the results of his experience in ophthalmic medicine, and are worth mentioning:

1. When you see in an obstinate case of conjunctivitis, an elongated clot or streak of mucous adhering to the surface of the eye or lid, be sure that the irritation is due to an eyelash growing out of its natural direction.

2. In a case of monocular palpebral conjunctivitis, the dis-

turbance of the circulation is very often due to an obstruction of some portion of the lachrymal apparatus. Always assure yourself, in these affections, of the permeability of the duct, by means of an injection with Anel's syringe.

3. Never apply nitrate of silver to a recently-prolapsed iris; it often causes the most violent inflammation.

4. After applying nitrate of silver to an eye, whether in solid or liquid form, neutralize the excess by means of a solution of common salt, which forms an insoluble chloride.

5. Never operate for cataract without first seeing if the phosphenes exist, or if there be sugar in the urine. In the first case, the operation is useless; in the last, most dangerous, for the corneal flap is nearly sure to slough.

6. If a patient with dim sight complains of an iridescent halo round the candle, you may prognosticate a glaucoma.—*London Lancet.*

NEWS ITEMS, MEDICAL FACTS, &c.

(FROM THE "LONDON LANCET.")

Relation of the Medical Profession to the Public.—At a late meeting of the Royal Institution, Dr. Mayo delivered a lecture "On the Relation of the Public to the Science and Practice of Medicine." He alluded to an antagonistic feeling existing between medical men and a portion of the public, in consequence of which medical aid is often not applied for until it is too late. He recommended an alteration of the existing system, which tends to produce dissatisfaction and mutual distrust, and the adoption of a mode of practice that would place the public and the medical profession on terms of friendship. Dr. Mayo then strongly urged the propriety of a wider study of physiology as a branch of general education, and adverted favorably to the fitness of women to practice medicine. Touching on the subject of insanity, Dr. Mayo condemned the present system, which gives an arbitrary power of confinement to any two medical practitioners, who may or may not be competent to form an opinion as to insanity.

Trial for Abortion.—*The Queen v. White and others.*—Mr. Kennedy applied on Tuesday last, at the Court of Queen's Bench, in this case, for a rule to show cause why the Coroner's proceedings (the latter of two inquisitions) should not be quashed. The two prisoners were White, a chemist at Bir-

mingham, and a Mrs. Fisher, with whom a female had lodged for six or seven weeks; and, after taking certain medicines and undergoing operations at the hands of White, died. At a first inquest a verdict of "Natural Death" was returned; at a second, one of "Wilful Murder" against the prisoners. It was contended that the Coroner had acted wrongly in taking the evidence, on the second occasion, of a witness who had been present and not examined on the first, and on whose statement the case turned. This important application was adjourned to search for precedents.

A Bribe.—A "Homœopath" writes to the morning papers stating that in answer to the appeals of various hospitals for further funds, he has addressed an offer to St. Mary's, St. George's, Middlesex, and the University hospitals, for contributing £3000 to the expense of certain wards during three years, on condition that homœopathic treatment should be adopted for the patients, and a public "trial" made of homœopathy. He does not understand that this is a bribe offered to lull the consciences of men who refuse to tamper with the lives of the patients entrusted to their care, but laments the obstinacy which rejects his dangerous liberality.

Longevity.—*Beaully v. Roseneath.*—A correspondent writes: "It being questioned in reference to Roseneath whether any Highland parish could produce four living persons whose united ages amount to 370 years, I have to state that there are alive in the parish of Kilmorack three females and one male whose united ages amount to 375 years, being respectively 99, 94, 91, 91. The two eldest are widows, the others a widow and a spinster. This gives an average of 1 1-4 above Roseneath. It cannot be vouched for that these four are the eldest in the parish, and lately much higher figures could be brought forward, as no doubt many other Highland parishes can at present."—*Inverness Advertiser.*

Man-Eating Tigers.—Since January, 1859, 1,500 Chinese have been carried off by tigers in Johore, the end of the Malacca peninsula. It is now difficult to induce Coolies to work in Johore.

Influence of Slow Lead-Poisoning on the Product of Conception.—M. C. Paul, resident physician to a Paris Hospital, has collected 81 cases showing the baneful influence of lead. His attention was attracted to the subject by the case of a woman who had given birth to three healthy children before she took to the occupation of printing-type cleaning, and who out of ten subsequent gestations had had eight miscarriages.

One child, which was born at full time, died at five months. The 81 cases refer mostly to women, only a few relating to men. From these cases M. Paul thinks himself justified in supposing that lead-poisoning has not only the already well-known effects, but that it also causes the death of the fetus, or the premature decease of the child, whether either the father or mother has been exposed to lead-poisoning. Out of the 123 gestations included in the 81 cases, 64 abortions, 4 premature labors, and 5 still-births were noted. It was, moreover, observed that 20 children, born at full time, died within their first year, 8 within their second, 7 within their third, and one only at a later period. 14 children are now alive, 10 of whom are above three years old. Metrorrhagia occurred in 15 cases, the loss of blood depending, very probably, on abortions.—*Gazette des Hôpitaux*.

The Dialectic Inevitableness of Hunger.—Captain Marcy, in his interesting work, "The Prairie Traveller," supplied several facts not without importance in a physiological and medical aspect. Indeed, under the hardships and privations which fall to the lot of travellers beyond the tracks of civilized life, man and the inferior animals are frequently made the subjects of experiments, which cannot be instituted in our schools and hospitals. Captain Marcy thus describes what befell his party when passing over the Rocky Mountains during the winter of 1857-8;—"Our supplies of provisions were entirely consumed eighteen days before reaching the settlements in New Mexico, and we were obliged to resort to a variety of expedients to supply the deficiency. Our poor mules were fast falling and dropping down from exhaustion in the deep snows, and our only dependence for the means of sustaining life was upon these starved animals as they became unserviceable. We had no salt, sugar, coffee, or tobacco, which, at a time when men are performing the severest labor that the human system is capable of enduring, was a great privation. In this destitute condition we found a substitute for tobacco in the bark of the red willow, which grows upon many of the mountain streams in that vicinity. The outer bark is first removed with a knife, after which the inner bark is scraped up into ridges around the sticks, and held into the fire until it is thoroughly roasted, when it is taken off the stick, pulverized in the hand, and is ready for smoking. It has the narcotic properties of tobacco, and is quite agreeable to the taste and smell. The sumach leaf is also used by the Indians in the same way, and has a similar taste to the willow bark. A decoction of the dried wild or horse mint, which we found

abundant under the snow, was quite palatable, and answered instead of coffee. It dries up in that climate, but does not lose its flavor. We suffered greatly from the want of salt; but by burning the outside of our mule-steaks, and sprinkling a little gun-powder upon them, it did not require a very extensive stretch of the imagination to fancy the presence of both salt and pepper. (There can be no doubt that the nitre and charcoal would to a great extent supply the want of salt. Soldiers and huntsmen have long resorted to this use of gun-powder under emergencies.) We tried the flesh of horse, colt, and mule, all of which were in a starved condition, and of course not very tender, juicy, or nutritious. We consumed the enormous amount of from five to six pound of this meat per man daily; but continued to grow weak and thin, until, at the end of twelve days, we were able to perform but little labor, and were continually craving for fat meat."

The Sphygmograph, or Register of the Arterial Pulse.—M. Marey has published in the *Gazette Medicale*, an article where-in he describes an improvement on Vierordt's arterial register. The French instrument also acts by a lever, but is lighter and of easier practical application. It can only indicate the frequency or the more or less regularity of the pulse. It may be doubted whether these instruments, though very ingenious, will ever prove actually useful in practice.

Rasorian Doses of Tartar Emetic in Tetanus.—Dr. Cornaz relates, in *L'Echo Medical Suisse* of the 1st inst., two cases of tetanus in which repeated doses of tartar emetic were given. One of the patients, aged sixty-three, whose primary lesion was mortification of a finger, recovered; the other, aged forty-one, who had had two fingers crushed, sank under the tetanic attacks. The doses of tartar emetic were, in both cases, half a grain every half-hour: these produced rather abundant alvine evacuations, but not very severe vomiting. Both patients had, however, large doses of morphine and chlorate of potash, with warm baths. When the emetic acted too powerfully on the intestinal canal, the administration of the salt was suspended for several hours.

Drowning in a Water Bed.—On Monday last an inquest was held at the County Lunatic Asylum, Colney Hatch, on the body of Martha Draper, one of the patients, she having been accidentally drowned in consequence of the bursting of a water bed.

Dissecting Wounds.—M. Ch. Phillips, a surgeon well known

in Paris by very successful labors in urinary pathology and practice, has been in a very precarious state from a dissecting wound, but is now recovering.

A New Military Hospital in Paris.—The Minister of War has lately decided that a military hospital shall be established in the northern part of Paris. The principal hospital of the kind, called Val de Grace, is situated, as is well known, on the left or southern side of the Seine. It has been proposed to use the Hospital for Incurables for the purpose, and to transfer the patients of the latter institution into a new building to be erected outside the fortifications. Another part of the project is to place all the hospitals in which very chronic or incurable cases are received beyond the fortified line. What is to become of the patients in the event of a siege?

Cephalotripsy without Traction versus the Casarean Operation.—M. Pajot, professor of clinical obstetrics at the Paris Faculty, has just substituted the former for the latter operation, in a case where, from rickets, the antero posterior diameter measured but one inch and two-thirds. M. Pajot considers that the danger of cephalotripsy consists in the tractions which are generally made after the head is broken up, as points of bone easily tear the soft parts of the mother. He is in the habit of crushing as completely as possible, and then leaving the uterus to expel the fœtus by its contractions. This method is even carried out as regards the body of the child. In the present case the success was complete.

Mortality in the Russian Capitals.—At St. Petersburg, the number of births in 1828 amounted to 17,658 (9147 boys, and 8511 girls), while the deaths were 19,077. This fact, which occurs every year, demonstrates that, as the deaths exceed the births, the population of that city is only kept up by immigration. The number of illegitimate births increases, while marriages are diminishing. At Moscow, the number of births was 11,267 (5822 boys, and 5445 girls), and that of deaths, 11,703.

Medicines of the Shetlanders.—Their popular receipts are scurvy-grass for cutaneous complaints, butter-milk for dropsy, shells of whelks calcined and pounded for dyspepsia, and a variety of steatite for excoriations.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

From the reports in the New Haven papers, and our own notes, we have been able to give a more full and correct account of the doings of the recent annual meeting of the American Medical Association, than we have seen in any of our exchanges. The meeting was very fully attended, the number of members registered being over six hundred. The most cordial good feeling was exhibited throughout the session. All who listened to the reading of papers and the discussions in the several sections, were very much pleased with the practical working of that feature of the recent meeting. The profession and citizens of New Haven left nothing undone that was calculated to add to the interests or pleasure of the members of the Association.

The numerous evening parties were extremely pleasant, and the general entertainment in the State House on Thursday evening, was truly a grand social gathering, and a season of gay festivity. If any failed to enjoy themselves, the fault must have been in their own minds, for smiling faces, beautiful flowers, delicious strawberries met them at every turn. At the close of the session, the opinion seemed to be expressed, with great unanimity, that it had been more profitable and satisfactory than any other since the organization of the Association.

It will be seen by the record of proceedings, that the next annual meeting is to be held in this city on the 1st Tuesday in June, 1861. And we have no doubt but our citizens as well as the profession of the city and State, will receive the members of the Association on that occasion, with a cordiality that has not been excelled in any other part of the Union.

CONVENTION OF DELEGATES FROM MEDICAL COLLEGES.

According to the adjournment at Louisville, the Delegates from Medical Colleges, met in New Haven on Monday, prece-

ding the day for the meeting of the American Medical Association.

The official record of the proceedings is given in the present number of the Journal. Although that record is strictly correct, and contains all the propositions acted upon, and the results of such action; yet it gives but an imperfect idea of the sentiments expressed by those who participated in the proceedings. Some allegations were made, which, if true, ought to be known to the whole profession; and if not true, the parties implicated should promptly disprove them.

For instance, when the proposition recommending the Colleges to rigidly exact reliable evidence that every candidate for graduation had actually studied medicine *three* full years, and *attended* two courses of lectures, it was alleged that some of the oldest, largest, and most influential schools in the Union, habitually disregard this rule; and annually graduate students who have, not only, not studied the *three* years, but who have not *attended* even one third of the course of lectures at the close of which they graduate. Such violations of the plainest rules of propriety, as well as the most important dictates of justice, both to the profession and the community, cannot be too strongly censured. And more especially when they are practised by colleges long established, and the halls of which are annually overflowing with large classes.

Another noticeable feature of that convention was the absence of all delegates from the schools here referred to.

Do the faculties of such schools think that all the complaints of the profession in regard to medical education are really groundless and unworthy of notice? Or have they become so secure in their prosperity that they think they are beyond the reach of criticism? In either case the time may come when they will both feel and heed the sentiments of the profession as well as the interests of humanity.

DR. WILLIAM PEPPER, formerly a clinical teacher in the Pennsylvania Hospital, and one of the most eminent practitioners of Philadelphia, has been appointed Professor of the Theory and Practice of Medicine in the University of Pennsylvania, vice Dr. Wood, resigned.

MEDICAL COLLEGES 1859-60.

We take the following statistics chiefly from the *American Medical Gazette* :—

	Students.	Graduates.
Jefferson Medical College, Phila.,.....	630	170
University of Pennsylvania, Phila.,.....	515	173
University of Nashville, Nashville, Tenn.,.....	456	101
University of New York,.....	411	138
Medical College of South Carolina, Charleston,...	248	
College of Physicians, New York City,.....	200	55
Massachusetts Medical College, Boston,.....	195	32
Atlanta Medical College, Atlanta, Ga.,.....	166	50
University of Louisville, Ky.,.....	130	38
Kentucky School of Medicine, Louisville, Ky...		37
Ohio Medical College, Cincinnati,.....	123	31
Rush Medical College, Chicago, Ill.,.....	101	36
Cincinnati College of Medicine and Surgery,...	97	30
Cleveland Medical College, Cleveland, Ohio,...	70	18
New York Medical College,	75	20
Buffalo Medical College, Buffalo, N. Y.,.....	70	
Oglethorpe Medical College, Savannah, Ga....	60	21
Savannah Medical College, "		14
Medical Department of Yale College,.....		13
Lind University, Chicago, Ill.,.....	30	9
Med. Dep. of the Pennsylvania College, Phila.,		14
Mobile Medical College, Mobile, Ala.,.....	50	15
College of Pharmacy, Phila.,.....		38
Shelby Medical College, Nashville, Tenn.,.....	65	9
University of Louisiana, New Orleans,.....	401	113
New Orleans School of Medicine,.....	216	63
Medical Department of Iowa University,.....	80	42
St. Louis Medical College,.....		52
Missouri Medical College, St. Louis,.....		30
Medical College of Alabama,.....		15
Medical College of Virginia, Richmond,.....		82
Medical College of Georgia,.....		62
Pennsylvania Medical College, Phila.,.....		38
National Medical College, Washington, D. C.,..	83	29

NOTICE TO MEDICAL MEN IN ILLINOIS.

The undersigned were appointed at the last meeting of the Illinois State Medical Society, a Committee on Drugs and Medicines.

In the constitution of the Society, we find the duties of the committee to be as follows :

“The committee on Drugs and Medicines shall prepare an annual report on all improvements and discoveries in Pharmacy and on Materia Medica effected during the year, and on all subjects connected with the sophistication and sale of Drugs and Medicines.”

The committee would respectfully request the physicians of this State to report in reference to this subject, the result of their observations, and send as soon as the 1st of April 1861, to :

F. K. BAILEY, *Chair'n*, Joliet,

R. G. LAUGHLIN, Heyworth, McLean Co.

Or, H. R. PAYNE, Marshall, Clark Co.

Joliet, July, 1860.

Decatur, June 9th, 1860.

Dr. N. S. Davis,

Dear Sir :—

Please give the following a place in the *Examiner*, and much oblige

Your Friend,

S. T. TROWBRIDGE.

TO THE MEDICAL PROFESSION OF ILLINOIS.

The committee on Practical Medicine appointed at the last sitting of the Illinois State Medical Society, would respectfully invite the co-operation of its members, and the profession of the State in general, in furnishing material for their report ; hoping each one will feel himself individually called upon to forward to the chairman of this committee, such observations of a practical character pertaining to disease, of either epidemic, sporadic, or other nature upon which he may feel inclined to

treat. We ask of each to give his own views in his own way, upon whatever subject would legitimately take a place in this report, and that the same may be submitted to us at as early a day as the 1st of February 1861. With much anxiety,

I remain your most humble Servant,
S. T. TROWBRIDGE, *Chair'n.*

PROF. G. B. WOOD, having retired from active professional life, and being on the eve of sailing for Europe, was entertained at a public dinner by the members of the profession in Philadelphia, and the proceedings of the day were distinguished for their harmony and success.

Hydrocyanate of Iron in Epilepsy.—Dr. Trent, of Richmond, Va., has treated successfully several cases of epilepsy with the following mixture:—

R. Hydrocyanat. Ferri,	3 i.
Pulv. Valerian,	3 ij.

Sig. Prepare a mass and divide into 120 pills, of which give one pill three times a day, gradually increasing to four a day.

—*Nashville Journal.*

Medicine in China.—Perfect free trade in physic exists there. The field is open to every one without examination. It is thought that every one has sense enough to choose his own doctor, and choose a good one, and if they suffer it is their own fault and they are to blame. When a physician is consulted he lays the hand on a soft cushion, feels the pulse of the wrist, asks age and symptoms, looks the patient in the face, strokes his beard, and writes the prescription perhaps, “150 pills twice a day.” “A dose of Chinese medicine,” says the *Lancet*, “is quite a curiosity. It is about the size of half a pound of moist sugar, and consists of twenty separate packets—four or five kinds of bark, a little orange peel, some walnuts,

some gentian, and half a dozen other roots, not unlike a small cake of blacking. These are all boiled together, and a good half-pint of the decoction is to be taken *quite hot* as a dose." The profession does not seem to be highly remunerated however. The lowest fee for a visit is 60 cash, about four cents, and the highest ordinary fee is 180, or twelve cents, although as much as 240, or 360 cash, eighteen and twenty-four cents, are sometimes given.—*Nashville Journal*.

Malformation of the Chest.—Dr. Wojaczek, from Vienna, who is a native of Oslavan, in Moravia, and aged about 23, is the subject of a peculiar malformation of the chest, which has been examined by eminent medical men at the different universities and medical schools of Europe. This gentleman was introduced by Dr. Alexander Simpson, and submitted himself for examination by the members of the Medico-Chirurgical Society of Edinburgh. In front, the chest presents in the middle, at its lower part, a remarkable depression or hollow, about three inches deep, and large enough to lodge the head of a child. This hollow is formed by the inflexion of the sternum downwards and backwards towards the spinal column, which it approaches so closely, that, by calculation, only about $1\frac{1}{2}$ inches intervene between the lower end of the sternum and the front of the bodies of the vertebræ. There is no deficiency of the osseous or cartilaginous textures, but the cartilages of the ribs are bent backwards to join the depressed sternum and form the sides of the hollow: the skin and soft parts present nothing unusual. In consequence of this peculiar shape of the chest, the respiration is almost exclusively carried on by the diaphragm, and was first discovered by Professor Skoda and Rokitansky during an illness, in which they had occasion to examine M. Wojaczek's chest. Casts of the malformation have been placed in the museums of the University and of the Royal College of Surgeons.—*Edinburgh Medical Journal*, June, 1860.

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THE CHICAGO MEDICAL EXAMINER.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

To secure this object fully, we shall give, in each number, in addition to ordinary original articles, and selections on practical subjects, a faithful report of many of the more interesting cases presented at the Hospitals and College Cliniques. While aiming, however, to make the EXAMINER eminently practical, we shall not neglect either the scientific, social, or educational interests of the profession. It will not be the special organ of any one institution, society or clique. But its columns will be open for well written articles from any respectable member of the profession, on all topics legitimately within the domain of medical literature, science, and education.

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AUGUST, 1860.

No. 8

ORIGINAL COMMUNICATIONS.

REMARKS UPON SOME OF THE LEGAL RESPONSIBILITIES OF MEDICAL MEN.—Being the Valedictory Address of the retiring President of the Illinois State Medical Society, read at the Annual Meeting in Paris, May 1860.

By DAVID PRINCE, M. D., of Jacksonville. Ill.

The medical and surgical practitioner of generous and honorable feelings, is apt to think that his patients will feel towards him as grateful for attention to them in times of distress, as he in turn would feel if in like trouble, and attended with equal assiduity. Perhaps it is not claiming too much for human nature to say, that this expectation is not unfounded and not disappointed with regard to the better portion, and it may be the larger portion of patients. The physician often meets with expressions of gratitude for services rendered, where he sees on reviewing the case that he ought to have treated it much better, and he feels a little pricked that he should be so unworthy of the expressions of gratitude and confidence.

Estimating the world by the better portion of it, and stimulated by testimonials of appreciation for services rendered to the grateful and to the just, he is liable to be thrown off his guard, and to fail to surround himself with those provisions and proofs which he would never neglect if he stopped in every case to reflect that it might become the subject of legal investigation. His education fails to impress him with the importance of being able to prove what he says and does, and the necessary habits of his daily professional life still further

confirm this want of caution. Many of his most important consultations with his patients are strictly private, and it becomes a repulsive thought to him, that when he goes to relieve distress, and remove or prevent deformity, or save life, he must take along with him outside witnesses by whom he can prove what promises or proposals he makes, and what measures he resorts to. It is hard, indeed it is nearly impossible for him to adopt the commercial maxim, to treat every man as a rogue until he proves himself honest; to regard every patient as an ingrate or a villain, until he shows by his honorable conduct that he is endowed with honorable and generous feelings.

The doctor is under the further temptation to hold out to the patient, and the immediate friends by whom he is surrounded, the best view of the case. He well knows the depressing effect of an unfavorable prognosis gloomily expressed, and it requires a cold calculation to make the case as bad as it is, or worse than it is, in presence of the patient; for the professional and legal advantages which may afterwards result to him, though the chances of these advantages may lessen the patient's chances for recovery. Many a man will die if his physician thinks so, who will at the same time recover if his doctor thinks so, or if he tell him so.

The physician is led on by these habits and these considerations, thinking, saying, and doing the best things for his patients, never taking caution to guard or to prove his words or his deeds; and he is some day surprised to find himself overwhelmed with a slander, and he looks about him for his proofs wherewith to refute the falsehoods industriously circulated against him, and to his astonishment he finds that he has no proofs but his general character. He can only set his general conduct against the particular lie. He pays little attention to this, thinking it easier to live down a lie than to attempt its formal refutation, especially as he has been utterly careless to guard himself by testimony during the progress of the particular transaction. He learns no lesson of caution from this exhibition of malice. He lives and works, and is believed and appreciated, while the lie is forgotten, and the slanderer is despised: but he is some day brought to a stand

by a prosecution, which, if successful, will sweep away his hard earnings through a course of years, and rob him of his well-earned reputation, which to him is the means of future employment and livelihood. He looks about him for his witnesses, and he finds that out of pure goodness he promised too much in the case, and failed to tell all he knew of the dangers and difficulties, in order that the patient might have the greatest solace during the period of confinement and suffering. He finds that the facts in his favor can only be proved by his own assertion and that of the prosecuting parties, so that in law they might as well not be facts. He ascertains that the facts which he can prove are of such a nature as not readily to be appreciated by the members of a jury not especially instructed in the art, and he fears that out of jealousy a neighboring practitioner will take advantage of his privileges before the jury to injure the reputation of his unfortunate rival.

He finds that the public expect perfection of result, unless the practitioner has distinctly stated the difficulties which make this uncertain or impossible, and that the legal tribunal will hold him to this strict rule, unless he can prove by competent witnesses that he has guarded himself, or by the testimony of experts that this perfection of result is under the circumstances impossible.

Where this perfection of result is not secured, he finds himself, in many instances, held socially and professionally responsible, unless his prudence has been such as to be offensive to the feelings of honorable patients, and on the verge of impairing his efficiency and usefulness as a practitioner.

In this country a civil or a criminal prosecution based upon alleged wrong-practice in medicine, surgery, obstetrics; in the practice of the apothecary, and in all other arts, sciences, and trades, is carried on before a jury, none of whom are required to know by preliminary education or training, anything about the matter which is brought before them.

The question whether one telegraphic machine is an infringement upon the patent right of another, may happen to be tried before a jury of farmers and others, not one of whom may

have been instructed in mechanics and electricity. A question whether an operation in surgery has been properly performed under proper circumstances, is generally tried before men who are ignorant of the rudiments of anatomy and of all other branches of medical science. This system looks absurd enough, and would leave the decision almost entirely to chance, or to the trickery of the lawyers, but for the relief found in the admission of testimony by "experts." In any question before a jury, involving any art or science not supposed to be familiar to ordinary men, the parties to the suit are permitted to call before the jury persons who are supposed to be familiar with the principles and rules of the particular art, science, or trade in hand, and to express their opinion in answer to hypothetical questions. The expert upon the witness stand, is sometimes permitted to read from books upon the particular art or science in support or explanation of his own views, but according to Elwell, in his recent work on malpractice, there is no uniform rule with regard to this in our courts. This testimony by reading from books is as often rejected as admitted. (Elwell, p. 331.) Were a jury of men uneducated in the matter in hand, capable, during the few hours that they listen to explanations by experts, of getting clear ideas of the art or science attempted to be explained, the remedy would be nearly perfect. It may have taken years for the expert to acquire the knowledge upon which he bases the opinions he gives to the jury, and he may find it necessary to his own truthfulness and reputation to guard his opinions with many provisos.

These ideas and opinions, many of which have no common words by which they can be expressed, may fall upon the ears of a jury like a talk in an unknown tongue.

That the verdicts of juries thus constituted, though instructed by the testimony of experts, is extremely uncertain, is proved by daily observation. In illustration, I quote in substance two cases from Elwell's work on malpractice.¶

Pages 81-82. A man had his leg crushed by a log rolling over it. The injury was so severe that the surgeons amputated the limb to save the man's life.

Some years afterwards the bones were dug up and made

the basis of a prosecution for the recovery of ten thousand dollars damages.

Eminent counsel were found to undertake the case for a portion of the spoils. Several long trials were had, the juries not agreeing. Depositions were taken in New York, Philadelphia, and Washington, involving great expense. No judgment was obtained against the defendants, but the litigation was ruinous to them. Had these surgeons made the hazardous attempt to save the limb, and had they succeeded to a tolerable degree, then they would have been sued for not performing a perfect cure.

In another case a young man fell with his leg beneath a colt, resulting in a compound comminuted fracture of the tibia fibula, rupturing an artery, and so injuring the leg that the foot became cold. The surgeon made the hazardous but successful attempt to save the limb. Extensive suppuration and sloughing ensued. Extension was out of the question.

The patient recovered at length, through the most assiduous attention on the part of his surgeon, with a limb half an inch shorter than the other, and a "healing" ulcer over the instep.

The surgeon received from the authorities twenty dollars for his services, the patient being a pauper. So soon as the patient could travel, he found his way to a lawyer and commenced suit against the surgeon, not because he had not cut off the limb, which he should have done according to the best rules of surgery, but because the limb was half an inch too short, and there was an ulcer still remaining. Damages claimed, \$5000. The case after hanging several terms was finally dropped, and the surgeon, disgusted, retired from the profession.

Taking the law as it is, and the courts and juries as they are, what is the course the practitioner should pursue in justice to himself and to the public? I ask in justice to the public, because it is the highest interest of the public, that the votaries of any art or science should be shielded from exposure to ruinous or unjust prosecutions—ruinous in expenses to the defendant if the prosecution is unsuccessful, and utterly ruinous in reputation as well as money, if successful.

I am happy to be able to read an extract from a letter recently received from Dr. R. D. Mussey, for fifty years a professor of surgery, recently of Cincinnati, and now of Boston:

“Several years before I gave up teaching medical classes, I urgently desired them, when called in cases of fracture, either to decline taking charge of the case, or to state to the patient and friends before a number of competent witnesses, that they could not promise a satisfactory result; but if their services were desired, they would do the best they could: or, if during the treatment, the directions were so far neglected as to expose the case to a bad result, to go to the patient attended with *reliable witnesses*, and dismiss themselves from the case; of course assigning the reasons. I am now out of all this matter, but if I were not, I would invariably pursue this course.”

Prudence, doubtless, equally demands that in all cases in which subsequent legal proceedings may be supposed possible, especially before the resort to important surgical operations, and before a resort to measures which are new or not well settled in the profession, and before a resort to the extreme measures of turning or delivery by instruments in obstetrics; the practitioner should guard him as carefully as Prof. Mussey advises in cases of fractures. It is of course unnecessary to do this with formality or ostentation.

If the necessary witnesses are accidentally present, it may be better to use them than to call others: and if not present, they should be sent for as assistants, or for the moral support of their presence, rather than ostensibly as witnesses. The remarks which the practitioner may think it necessary to make, in order to guard himself against future legal proceedings, ought often, if not generally, to be made out of the hearing of the patient, except in cases of injuries. But to call the father or husband aside and talk privately to him will not answer the legal purpose. Some disinterested friend must hear the consultation.

In case there is a consultation of physicians, and the result is stated to the patient or legal practitioners, and the measures recommended are assented to, this assent, thus capable of being proved, puts the case beyond successful prosecution.

A case may be supposed to be of doubtful diagnosis, and still more doubtful prognosis, and a surgical operation **may** be

deemed necessary to save the patient from death which may be considered otherwise certain.

If all the doubts and difficulties are explained before competent witnesses, and the patient or his proper guardian takes the judgment and skill of the practitioner, as is confessed to be imperfect, for the best benefit he can get from them, and not as perfect and unerring, the doctor is safe from successful prosecution, however erroneous his judgment or practice may be proved to have been. It may in some cases be wise and prudent to require a pledge before hand, that there shall not be even *social or professional blame*, if the case should turn out unfortunately.

If the mouths of the patients and friends are thus sealed in advance, many slanders will be obviated, and many vexatious prosecutions will be avoided; and when they are not avoided, the practitioner can enter upon the defence with confidence, knowing that he can prove his points.

We have to take human nature, the law, the courts, and the juries as they are, and shield ourselves from their abuses the best way we can.

But we are in an age of change and progress, and it is not too much to hope for a change in our jurisprudence. The change which we need is pointed out in the following extract of a letter written by Dr. Alfred S. Tayler, (author of a work on Medical Jurisprudence,) to Sir James Clarke, at the instance of Dr. A. McFarland, now of the Illinois Hospital for Insane, dated London, April 18th, 1854.

"There are three classes of cases which come before our tribunals, Surgical, Medical and Obstetrical, but the first and last are by far the most common, as evidence with regard to proper or improper treatment is in them reducible to greater certainty.

Medical men are often most unfairly dealt with on these occasions, and the unfairness proceeds from three sources. 1st, the Judges, 2d, the Juries, and 3d, members of their own profession appearing as witnesses against them.

1st. The Judges in many cases take a severe view of the matter in action; and so far as I know they invariably rule in favor of the quack, and adversely to the educated practitioner. The ignorance and want of education in a quack, are actually

assigned as reasons for treating him leniently! A regular practitioner charged with *mala praxis*, if a verdict be returned against him, is heavily paid or punished, because, as the judge tells him, his professional education should have taught him! A mistake on his part was the more culpable, because he had had the opportunity of acquiring knowledge, which was denied to the quack. So far as I know, the law is uniformly laid down in this manner by the judges.

If a quack and a surgeon be tried for the same kind of *mala praxis*, involving the same civil injury, or the same criminal responsibility, the judges, in passing sentence, would advise the quack not to take up the practice of an art which he did not understand, at the same time, as he had good motives, and knew no better, his offence would be leniently dealt with.

The unlucky Surgeon would be told that his ignorance was of the most culpable kind, that in proportion to the opportunities he had of acquiring information by a regular surgical education, the greater was the disgrace and infamy of his conduct, and a severe punishment or heavy damage would be inflicted upon him.

The judges and the law are then decidedly against the regular practitioner.

2d. *The Juries.* Whether the jury be common or special, as it is ordinarily constituted, its members are not competent to pronounce upon the propriety or impropriety of certain methods of treatment. They cannot possibly enter into the professional reasons, which induce medical men to adopt a line of treatment that may be objected to as *mala praxis*, and yet, under our system of jurisprudence, they are left to grope their way to a verdict, in the dark. The damages which they assign are generally heavy and disproportionate.

* * * The provoking part of the case is that there are other and inferior professions in which a totally different system is pursued. In any collision at sea or on the river between two vessels, the captain of one being charged with unskillfulness in navigating his craft, and damages being sought against him—a common or special jury at *nisi prius*, is not allowed to decide such a case. They are not permitted to determine whether the helm should have been port or star-board, or whether the fore sail or the jib was wrongly set, and thus led to a collision.

On the contrary, Masters of the Trinity House are called to the assistance of the admiralty judge. They sit as assessors and inform the judge of what the proper course of navigation would require in such cases.

3d. *Medical Witnesses.* They are often bitter enemies to

members of their own profession, and lawyers delight in playing the doctors off against each other. Each solicitor can select his own witnesses, a bad case is often hawked about the profession for some days, but it will pretty surely find one or more supporters in the end, owing to strong *exparte* statements being laid before the medical men consulted.

My opinion is that we shall have no reform of this bad system, until a Board of Medical Assessors, (consisting of men of high repute in their respective departments,) is appointed.

This would abolish the three classes of evils which create so much ground of complaint."

The defects in our jurisprudence, with regard to jury trials, may be to some extent remedied in several obvious ways.

I will suggest but two of them :

1. In any case the correct verdict upon which involves a greater familiarity with the art or science in question than is common to men of ordinary general education to require as a qualification of a member of the jury, that he have had a special training or education in the particular art or science. This would diminish the necessity for testimony by experts, which it is often difficult to procure in person, while it is necessarily imperfect when obtained by deposition. With such a jury the case would be far less likely to turn upon the mere shrewdness or power of ridicule of the lawyer.

2. Another method would be, to so constitute our higher courts, or a branch of them, that the parties may appeal from the lower courts, in order that questions of right or wrong practice in any particular art or science may be passed upon by a jury or board of experts, free from the prejudices incident to the immediate neighborhood of the transaction.

This latter investigation may be based upon the recorded testimony with regard to facts taken in the lower court, and need not necessarily involve ruinous expense.

The defects and abuses of our jurisprudence bear no harder upon medical men than upon all others whose occupations lead them to practice arts unfamiliar to ordinary men.

But from the peculiar relations of the medical art to life and health, while its principles are so entirely hidden to those uneducated in it, the temptations to prosecutions against practitioners of the healing art are very great.

Next to these are the captains, pilots, and engineers upon our lakes and rivers, and the conductors, engineers, switchmen, &c., upon our railroads.

The rules and principles concerned in these arts are comparatively few and simple, and yet common juries often fail to get a clear understanding of them from the best explanations which experts can give them from the witness stand.

If it is difficult for the members of a jury to acquire a knowledge of these during the few hours a trial may be in progress, how impossible it must be for them to become acquainted with chemistry, anatomy, pathology, therapeutics, surgery, and Obstetrics! And yet, without clear ideas of some or all of these subjects, their reasoning and their verdict are alike all in the dark.

It is notorious that the result turns more upon the ability and skill with which a case is managed, than upon the inherent justice of the case.

It is the interest of all classes to have this bungling and uncertain system abolished, or materially amended.

While the medical man would be saved from much needless injustice, the public would also be saved from much groundless or selfish expectation of unearned and undeserved awards of "damages," where no damage has been received, and from much misdirected labor and anxiety.

Were our jurisprudence so ordered that justice would be the rule, and a wrong verdict the exception, none but aggravated cases of ignorance or carelessness would usually be prosecuted, and the sufferer thinking himself aggrieved, would first take counsel of an adviser versed in the science or art in question, rather than of a sharp-nosed advocate, who would be ready to undertake the case for a share of the profits.

SUCCESSFUL CASE OF OVARIATOMY.

By Wm. H. BYFORD, A. M., M. D.Prof. of Obstetrics, &c., in Medical Department of Lind University.

Miss E., aged 15 years, from Roseville, Ill., was brought to me by her parents, May 15th, 1860, to consult me about an abdominal enlargement of which she was the subject. Upon examination, I found a multilocular ovarian tumor of very large size. It occupied the whole abdominal and pelvic cavities, and produced an enlargement much greater than pregnancy at full term.

The history of the case was very obscure, and all that could be obtained was furnished me by Dr. John A. Young, of Monmouth, who was her physician. Dr. Y. says: "Her mother informs me that she was always peculiarly shaped, being short waisted, and as she expressed it, her sides very full and hard; abdomen full. She menstruated at 13, I believe, and continued regular until sometime in the winter, when she missed two or three periods in succession. About that time they noticed sensible increase in size, when they called upon me for advice. She would not submit to any examination, save a very imperfect one of the abdomen externally. There was evident fluctuation, and I noticed in the right iliac region some apparently solid body, about the size of a large orange. I was unable to elicit from her, or from her mother, any reliable history of her enlargement; or whether they had ever noticed any tumors of any size, at any point before. I put her upon the use of Hyd. Potas., with Spts. Nit. and Buchu. Since then, her father informs me, that the catamenia have returned."

After satisfying myself as to the nature of the tumor, I informed them that there were two modes of operative procedure usually resorted to in such cases, viz: Tapping, and iodine injections, and extirpation. That the former probably afforded her not five per cent. of the chances of recovery, on account of its frequent failure to obliterate the sacs, and that this was a particularly unfavorable case, as there were at least seven cists, all of which would require the puncture and injection.

That the latter operation never failed to eradicate the disease, but was most hazardous, from peritoneal inflammation and other consequences, which in the nature of it must be risked; if such effects were not fatal, the cure would be perfect. That I believed with the operation of extirpation the chances would be seventy-five per cent. in her favor. I felt justified in making this statement from the great perfection to which this operation has been recently brought by the labors of English Surgeons, (and especially Mr. Spencer Wells,) the excellent health of the patient, and the strong conviction that there were no peritoneal adhesions.

After consultation among themselves they chose ovariectomy, and begged me to appoint a time when I would attend to it. As her menses were close at hand, it was deemed best to postpone the operation until the 30th of May.

At this last date I proceeded to operate, assisted by Drs. Young, Hamilton, and McDill, of Monmouth, and Taliaferro, of Roseville; in the following manner:

After having the room brought up to 98 degrees Fahrenheit, the patient was fully etherized and placed upon her back on the operating table; an incision through the abdominal walls, about midway between the umbilicus and symphysis pubis in the linea alba, three and a half or four inches long, exposed the tumor. This being done, I plunged a large trocar into it, and emptied one of the cists of probably two pounds of thick albuminous transparent fluid. Soon as it ceased to run I withdrew the trocar, and introduced it into another sac, and so on one after another until eight cists were evacuated, one of which contained eighteen pint cup-fulls of liquid. The abdomen was now very much collapsed, and the tumor so reduced in size that it was easily withdrawn through the incision. As it lay upon the table, the peduncle, which was about two inches broad, passed through the wound. Two strong silk ligatures were passed, one through each edge of the peduncle, near the tumor, in order to give us command of the stump after amputation. The ecrasseur was passed around the peduncle, between the ligatures and the ovary, and with it the mass was separated from its attachment. The stump was drawn between

the lips of the incision, near its lower angle, and held in position by the two ligatures. Then silver pins, with steel points, were passed through the lips of the wound, passing near to, but not quite touching the peritoneum, and secured with thread as in hare lip. A few fine silver wire sutures closed up the wound superficially. Two of the silver pins used in transfixing the lips of the wound also passed through the stump of the detached tumor, and held its amputated margin a little above the level of the skin of the abdomen. A compress wet with cold water was placed upon the wound, all surrounded with a flannel binder, and the patient placed carefully back in bed. In about an hour she awoke from her sleep perfectly conscious, but entirely ignorant of what had occurred with respect to the operation, and expressed herself as perfectly comfortable.

The cists and contents weighed thirty-nine pounds, and as it was an ordinary many cisted mass it would be unnecessary to give a particular description of it.

As the case was some two hundred miles distant from Chicago, I will introduce the notes of Dr. Taliaferro, as they were communicated to me in letters from Dr. Young.

These two gentlemen had the case under their care after the operation, and much is due to their assiduous and skillful attention for the successful issue to which it was conducted.

The following are Dr. Young's letters :

Monmouth, May 31st, 1860.

Dr. BYFORD,

Dear Sir :

I visited Mr. Eldridge's this morning at 9 o'clock ; the patient reported favorably. I will first transcribe Dr. Taliaferro's memorandum.

May, 30th, 2 o'clock, p. m.— $\frac{1}{8}$ gr. Morphia : at 3, dozing ; pulse 112. 4 p. m.— $\frac{1}{8}$ gr. Morphia. 5.30—Slept comfortably last half-hour ; pulse 100. 7.30—Comfortable, not slept any since 6. Evacuated bladder naturally ; pulse 108.

31st, 6 a. m.—Since last note, 1 gr. Opium every two hours. Expressed herself as feeling comfortable ; some dryness of the mouth, but little thirst. Passed urine this morning naturally.

I arrived about 9 a. m.—found her resting comfortably; she says she has no pain or soreness of any part; has slept pleasantly and feels refreshed. Skin moist; pulse 104, soft and good volume. I interrogated her with regard to the feeling of the wound, as I had concluded not to disturb the the dressing unless there was some sufficient cause. She said all felt well; there was no pain, heat, or soreness, and no fulness or tight sensation. I therefore concluded there was nothing more to be done at present. About 12 o'clock, when I was making preparation to leave, Mrs. Eldridge asked me if it would be safe to remove the wet things from about her; upon enquiry as to what *wet things* she alluded, my suspicions became aroused, and I immediately examined the binder and compresses, when I found them thoroughly wet with blood, and a large clot lying immediately under and around them. Being surprised at the apparent amount of loss, I examined the pulse again, for fear that I might have been mistaken, but found it as before, 104, regular and good volume. I sponged off the wound, and found that the hemorrhage had proceeded from the pedicle. Kept it exposed some time and watched it closely, there was no return of it. I covered that portion of it from which the bleeding had occurred with Pulv. Sulph. Alum, and small dossils of lint. We then moved her sufficiently to change all the wet things from about her. Examined again, no return of bleeding. Applied *compress*—lighter than before—with binder, and directed Dr. T. to watch closely for a return, and should it recur, to try and secure by ligature if possible. When I left, about 1.30, she said she felt very well. I hope there will be no return of it, yet I fear it. I very much wish we had applied the double ligature in connection with the *ecrasseur*. The hemorrhage was all external as far as I could determine.

Monmouth, June 1st, 1860.

Dear Dr. :

I am happy to inform you in advance that my report of to-day is more favorable and encouraging than that of yesterday. I commence, as before, with the notes of Dr. T.

May 31st, 3, p. m.—Quite comfortable, but little thirst, no pain, pulse 104; has had pleasant and refreshing sleep. 9, p. m.—Same; voided urine about 6 o'clock, naturally and without any trouble; Opium, 1 gr., every two and a half hours. 12, m.—Condition same; no appearance of hemorrhage.

I forgot to mention yesterday that in dressing the wound I placed dossils of lint in the inguinal region, just under the edge of the binder, to give warning if it should be renewed. These could be examined at any time without disturbing the patient.

June 1st, 7 a. m.—No change; pulse 101. Skin moist; slight perspiration when sleeping. Has taken 2 or 3 table-spoonfuls of crackers in coffee. Says she has passed a good night.

I arrived at 10 a. m. Patient looked bright and cheerful; said she felt well, better than yesterday; that her sleep had been refreshing. No particular desire for food, like hunger, but that every thing tasted well, and she could eat. Pulse 106, rather harder than yesterday; skin moist; no pain, soreness, or disagreeable sensation of any kind; mouth feels a little dry, but no actual thirst, a little ice or mouthful of cold water satisfies. Examined, superficially, the dressing, and found it all as I had left it on yesterday.

2.15, p.m.—Rested quietly; pulse 112; skin moist. Cheerful; says she thinks she is going to get well. Removed binder, and compressed carefully; found all as I had left it yesterday; no return hemorrhage; bowels a little more full, not amounting, however, to swelling; no tenderness at least on slight pressure. To continue treatment.

The hemorrhage of night before last and yesterday must have been slow, as the apparent amount lost, if withdrawn at once, or in a very short time, would assuredly have produced alarming symptoms. When I first discovered it I know it *alarmed* me. I hope, however, that there will now be no return of it.

Finding her in such favorable condition, and having fallen behind in my business, I have concluded not to return until Sunday morning. This, at any rate, is the last that you could hear from me until Monday evening next.

I directed her to have a spoonful of beef-tea occasionally, and a little soaked cracker. I deemed this the more necessary in consideration of the hemorrhage.

Monmouth, June 3d, 1860.

Dear Dr.:

It now gives me unfeigned pleasure to report the favorable progress of our interesting patient, as I found all right to day, I may say as well as could possibly be. But to the notes of Dr. T.:

June 1st, 9 o'clock, p. m.—Patient expresses herself as feeling comfortable; a little more heat of surface this p. m. than usual; hands and feet particularly. Sponged with moderately cool water about mid-afternoon; at present, temperature natural; skin moist, pulse 112; no pain or tenderness of bowels, though somewhat more flatulant. Voided urine three times to day, last at 6 o'clock, p. m.

2d, 1.30 a.m.—Resting comfortably; skin moist, amounts to sweating when asleep; pulse 110. 6, a.m.—Rested well; pulse 110; perspiring; bowels not so tympanitic as yesterday; voided urine about 5 o'clock. Has been taking Carb. Soda, about two or three grains every hour or two, with favorable effect on flatulence. 5, p.m.—Pulse 106. No heat of skin; rather unpleasant from sweating while asleep; voided urine about 3, p.m. Has taken a little tea and cracker occasionally since yesterday, says it tastes well; but little thirst. Tightened the bandage as it had become quite loose. 9.30, p.m.—Pulse 104; otherwise as during the day. Voided urine about 7.

3d. 5, a.m.—Pulse 97; other symptoms as before. Bandage more loose; adjusted again. I arrived at 10 a.m.; found her looking well and quite cheerful; says she feels stronger. Tongue clean—or with only a slight white coat, as we would see from abstinence and sleeping so much. Pulse 107; skin moist, perhaps more than necessary. Has been taking some chicken broth, and likes it much. Her Aunt thinks her appetite is good, but that she will not confess it for fear they might offer her too much, as she is aware that she was restricted in diet.

11, a.m.—Examined the wound, removing all the lint, except that immediately adherent to the point from where hemorrhage had occurred; that was firm and dry, occupying about a thumb's breadth. Balance of wound looked well; closed by first intention, and pretty firm. Not a drop of pus seen; cleansed the parts and dressed lightly. No tenderness upon pressure or handling; only slight fulness, not more than there should be in normal condition. Lower portion of abdomen, from umbilicus down, not even rounded up yet. Her countenance shows some evidence of the loss of blood, and also perhaps the effect of the perspirations, in being considerably blanched; her lips, however, retain a good color.

I deemed it prudent under the circumstances to direct a slight increase of nourishment; a table-spoonful or two of chicken-broth or beef-tea every two or three hours, watching, of course, the effect closely. To continue the opiate still as needed.

I would here state—although it does not appear in the body of the notes—that 1 gr. of opium had been given regularly every two and a half or three hours, and has exerted a happy influence, producing composure and pleasant and refreshing sleep.

2, p. m.—Pulse 96. I account for the difference by her slight excitement when I first arrive.

Monmouth, June 5th, 1860.

Dear Dr.:

I still have the pleasure of reporting favorably; no untoward symptom having as yet arisen. As you will perceive by the enclosed, I have removed the pins, everything looking well. I now recur to the regular notes.

June 3d. 9 p.m.—Pulse 100; other symptoms as previously noted. Sweating continues; Aromat. Sulph. Acid, 3 or 4 drops every six hours. I neglected to state in my last that I had advised Dr. T. to use that remedy in case the sweating continued so profuse.

4th. 5 a. m.—Had a comfortable night; pulse 85; sweating not so profuse; appetite increasing a little. 2 p.m.—Pulse

92; otherwise same as morning. Sweating a little more. Elix. Vit., 5 gtt. 9 p.m.—Pulse 92; Sweating diminished; gentle moisture only when asleep.

June 5th.—I arrived at 11 a.m.; found her looking well and feeling stronger; says she feels well, no soreness or pain whatever. Pulse 88; appetite better; food tastes well, and more desire for it. Abdomen natural in rotundity; some barborygnus; bowels in evident motion, but without producing pain. Has taken no opium since 1 o'clock, p.m. Removed pins; about one or two drops of pus followed the middle one, which was all that was seen; wound looked firm and close; a small amount of lint just over the pedicle, very adherent, which was left. I thought we would use an enema this evening, but she spoke of fatigue after the dressing, as it was somewhat tedious, the lint having become dry; and it was thought better to omit it until to-morrow evening.

1.30 p.m.—Pulse 86; resting quietly, inclined to sleep. Has not passed urine since sometime in the night; feels no uneasiness from it. She has used ice constantly when she wished to moisten her mouth, either in lumps or in water. Directed gradual increase of diet, nothing solid, however, for a day or two yet. She has done so well they have thought it unnecessary for me to continue my visits, but will inform me at once should anything untoward occur; they will also keep me informed, at least each alternate day, of her progress, so that I may be able to continue my report to you.

Monmouth, Friday Evening, June 8th, 1860.

Dear Dr. :

On yesterday evening I received the notes of the two preceding days from Dr. Talliaferro, which I subjoin, and not altogether liking their tenor, I determined on visiting the patient to-day, and seeing for myself. I therefore postponed writing until the present. I have just returned, and found *all well*, and an *almost certainty* of speedy recovery. I continue the history from last date.

June 5th. 9. p.m.—Pulse 87; has not recovered altogether from fatigue of dressing wound: otherwise about the same.

6th. 7, a.m. Pulse 92; rested only tolerable through the night; says she does not feel so well; has taken two injections, one of water, the other salt and water. No motion. No thirst or heat of surface. Appetite about the same. Ordered an enema every two and a half hours. 7, p.m.—Pulse 92; no motion of bowels; has taken four injections; otherwise about the same. Oil, half table-spoonful every two and a half hours to two doses, to be followed by enema. Complains of an unpleasant feeling across wound, no tenderness.

7th. 7, a.m.—This morning, pulse 87; more cheerful than yesterday. No action of bowels. The unpleasant sensation has left. Appetite pretty good. Appearance of wound about the same; lint still fast over the pedicle: some unpleasant odor; applied charcoal. Will repeat the oil and enema. Takes no opium. Upon receipt of this, I sent by the same messenger a note advising no particular hurry in moving the bowels, and that I would visit her. By referring to my last note, you will observe that there had been no evacuation of urine for some 10 or 12 hours previous, and as there was nothing said respecting it in this last report of Dr. T., taken in connection with the "unpleasant feeling" and no rest, made me somewhat uneasy concerning her.

I saw her about 10, a.m.—Locked cheerful, entered into conversation, laughed and said she was coming up to town on commencement day, which is in about three weeks, to see her classmates graduate. Her bowels had been moved sufficiently this morning. Appetite not craving, but sufficient. No pain or soreness of bowels or abdomen, and no pain or uneasiness when they were moved. Wound looked firm; the lint covering the pedicle removed. Small suppurating surface about $\frac{3}{4}$ inch diameter; only pus enough to wet the lint. Removed one of the metallic sutures—the one in connection with the pedicle—the others to be removed in a day or two; pulse 90. Says she slept well last night and feels refreshed and stronger. Voids urine naturally and in sufficient quantity. The depressed condition following the dressing of the wound on the 5th, I now attribute in great measure to the fact that the opium had been discontinued from midnight of the 4th,

and as there was a considerable amount of debility from the hemorrhage and strict diet, she was in need of a stimulant. Her natural powers, however, triumphed without artificial means.

Directed a gradual increase of diet; has taken some rice to-day, which her mother tells me has been the nearest approach to solid food yet.

It does appear to me now that she may be considered out of danger. The wound may be considered healed, as there is but a small point uncovered, and that looking healthy; general appearance and condition of the bowels natural, they having been safely moved. She feels well, and save some unnatural paleness, looks well. Her father thinks the only danger now is in being too confident, and becoming careless in feeding and nursing. This is a good idea, and you see emanates from the proper point, so that we may have less fear of improprieties.

What will be the future effect of the retention of the pedicle in the external wound?

This question has been asked me by Dr. Hamilton, and also by her father, in reference particularly to future pregnancy. Having great faith in the *distensibility* and *elasticity* of *female tissue* in particular, I have answered that it would not prove any obstacle. What say you?

Monmouth, June 13th, 1860.

Dear Dr.:

Yours of the 11th is at hand, and as I promised to write you again early this week, I now comply.

I did not hear anything from our patient since my last note until yesterday, when her father came to town. His report was merely a general statement of her condition, which was entirely satisfactory.

He said she was steadily improving; gaining strength as fast as could be expected. Her appetite was good; slept well, and thought she would sit up (in bed at least) the latter part of this week. There was still some very slight discharge from the small surface of the peduncle not yet cicatrized, and from a small spot at the inferior angle of the wound.

Thus far not one unfavorable symptom has arisen, and she says so far as sensation is concerned, she is scarcely aware she has received a wound.

Monmouth, July 13th, 1860.

Dear Sir :

Our patient, Miss Eldridge, made her promise good of attending College commencement, which took place on the 5th. She spent the 4th in town, but did not go out to the exercises, reserving herself for the next day. She says she is as well as ever she was; feels fine and lively.

I endeavored to ascertain something of the early history of the case, but failed entirely, as she was scarcely aware of the time she first noticed it. As near as I could learn from her, some eighteen months or two years ago, she thought her abdomen a little large; never noticed any distinct tumor at any time; always felt well, and was not concerned about herself. She only began to think of her condition about two months before you saw her, and then only because she was conscious of more rapid enlargement, which increased up to the time of operating. She says she feels no difference now, but is aware that she is much lessened in size, judging from her clothes. Still she avers that she never felt any particular inconvenience from the tumor, no heaviness, impeded respiration, or anything of that kind.

The distance from Roseville to Monmouth, where Miss E. spent her 4th of July, is 12 miles.

I wish to make a very few remarks as to the mode of performing the operation.

It will be seen that there was no necessity of introducing the hand, or even the fingers, inside the peritoneal cavity. The whole mass was drawn through the wound by pulling upon the collapsed cists, and there being no effusion of blood, or in fact anything else within the abdomen, the membrane was subjected to no rude bandling, or other irritation, except what may have been produced by the entrance of air; and this was quite free, unavoidably. By drawing the stump through the

wound, and placing the margin outside the abdominal cavity, the hemorrhage which often occurs, and did in this case from it, was external. The silver pins and wire produced as little irritation as anything else could. Although Dr. Young in one of his notes expressed regret that we had not ligated the stump, I would certainly not do so were I to operate again. The securing the stump in the wound made it impossible for the small sloughs which are always thrown off from it to irritate the peritoneum. It also, had we tied or clamped it, enabled us to avoid the inclusion of the ligature within the cavity. The *écraseur* is better for separating the tumor than a ligature, because, if the latter is used, the peritoneum must be strangulated and inflamed necessarily, and as inflammation spreads along this membrane with great facility, it may invade the abdominal cavity, and thus light up a fatal peritonitis. The hemorrhage that did occur, had it been suspected, could doubtless have been easily checked, and a little vigilance, I think, would render this operative procedure as safe as such an operation in the nature of things can be.

ON THE USE OF OX GALL IN DISEASE.

BY B. WOODWARD M. D., Galesburg, Ill.

The physiological action of the bile has been thoroughly studied; to some extent its action is understood. Its therapeutical action has also been partially investigated; yet to very many of the profession it is still almost unknown as a remedial agent. The chemical analogy existing between some of its constituents and some of the vegetable alkaloids, particularly quinia, has been pointed out by Liebig and others, and its use in some forms of dyspepsia has been recommended. Having to some extent made use of it—I beg leave to occupy your columns with a few lines on the subject.

We not unfrequently find forms of both remittent and intermittent fevers, in which the bowels are constipated, the

face clay colored, the appetite either entirely wanting, or depraved; the spleen enlarged, the urine scanty, turbid or ammoniacal; the excrementitious matters which should have been eliminated by the kidneys retained, and a state of *uræmic poisoning*, and what, for want of a better term, I would call *Hydro-carbonic poisoning*; evidenced by a sallow anæmic countenance, pain in the regions of the liver and kidneys, and such a depuration of the blood that its red corpuscles are notably diminished. All the symptoms point to an arrest of the hepatic functions, and in which mercurials are indicated to rouse the liver from its torpor, and stimulate the intestinal circulation.

But we need also some agent which shall give tone to digestion and assimilation, when once the hepatic functions have been arrested, or seriously deranged, it requires time as well as remedials to restore them, and in the meantime the system requires some agent to take the place of the natural secretions of the liver to carry on digestion, assimilation and depuration. Inspissated ox gall will be found to answer the demands of the system. Not only is the bile excrementitious, but a large, probably the largest part, is re-absorbed, after having undergone a chemical change in the intestines, and carried into the circulation to aid in assimilation and depuration. Recent physiological investigations have evidenced that the liver is a sugar elaborating organ. This sugar being in the form of glycocine or gelatine sugar, cannot be supplied to the system in any other way; and the want of it in torpid states of the liver may be one cause of the long train of morbid symptoms growing out of this condition. This sugar exists in the bile of all animals, and may be supplied to the system by the use of the gall of the ox, till such times as the liver has regained its healthy action. By the use of inspissated ox gall, we obtain all the constituents of bile, except the mucus, which from its nature must be wholly excrementitious.

These are some of the reasons which have led me to the use of ox gall in the treatment of disease. I would not claim that it will arrest a paroxysm of intermittent, but its use in conjunction with quinia has been eminently beneficial in restoring

digestion and assimilation, and also in restoring the depurative action of the kidneys. Combined with iron by hydrogen in the form of pill, it will be found a valuable restorative after intermittents and remittents, keeping the bowels soluble, and stimulating digestion, while the iron will have its own restorative action. In jaundice, from want of biliary secretion, it will also be found a valuable agent, as well as in those forms of dyspepsia depending on hepatic derangement. From 3 to 8 grains, twice a day, is as much as will generally be found necessary. I will only add, that as a laxative in chronic constipation of the bowels, its use combined with bi-carb. soda has in my hands been of marked benefit.

Among your correspondents there are doubtless those who have examined this subject with care; and if they would give us the results of their observations, they would benefit us by throwing more light upon it.

STRANGUARY AS A SIGN OF PREGNANCY.

By B. McC——, M. D., of Dubuque, Iowa.

Any facts which can make more certain medical diagnosis, may be considered worthy the notice and attention of medical men.

It is with this view that I have made the following notes of two cases which came under my observation.

April 28th, 1857, I was called to see a young woman who had been married upon the 6th of the same month. She was about seventeen years of age. I had been called on account of most severe stranguary with which she had been troubled for several days.

But as she had from infancy been troubled with a difficulty of retaining urine a proper length of time, she thought it only a little different phase of the same old trouble, until it became so severe that there was constant pain and desire to urinate

without the ability of discharging more than a few drops at a time, and that with great pain and distress.

I prescribed decoctions of Uva-Ursi and of Buchu without relief, and finally put her upon camphor, which gave more relief than anything which was tried, though warm fomentations were repeatedly applied over the region of the bladder. The difficulty continued to recur from time to time for some two weeks, when it finally disappeared.

I could not readily see any cause for the difficulty, as the patient seemed to be an unusually healthy woman, and by the inspection of the urine I could detect no evidences of urinary deposits of any kind.

The thought of pregnancy being the cause suggested itself to my mind; I examined several authors in reference to that point, and found no one mentioning strangury or dysuria as an early sign of conception; and besides, upon inquiry, I learned that she had enjoyed the connubial bed but two nights. But the after history of the case proved pregnancy to have been the cause.

She was married April 6th, had had her menses about one week previous to marriage, and did not menstruate afterwards, and was delivered of a strong female child on the 26th of the following December, being thirty-seven weeks and five days from the marriage.

Again, August 4th, 1858, I was called to see a young married lady, who complained of a constant desire to urinate, but could only get rid of a few drops, as she expressed it, and that with very great pain, more or less tenderness, etc., accompanying the discharge.

She had been married some two or three months, had been *regular*, and had menstruated only ten days before I saw her.

As I could find no good cause for this sudden attack, in an otherwise healthy young woman, and one who had never had any difficulty in the urinary or generative organs; and remembering the case above related, I ventured to express to the husband my opinion that *possibly* it might be that conception had taken place, and that it was the cause of the present difficulty.

The diagnosis thus expressed proved correct, and she was delivered of a healthy female infant, May 1st, A. D., 1859, being just forty weeks from the menstruation which occurred ten days previous to my first attendance.

I have, since these two cases, continued to look at the authors to which I have had access, and have found stranguary or dysuria mentioned but by one as an evidence of pregnancy in its early stage, and that is by Dr. Blundell, as given in his testimony in the Gardiner Peerage Case, (Beck's Med. Jurisprudence, vol. 1, p. 593,) where he says :

"I saw a case a few days after impregnation ; there were symptoms of irritation about the bladder and adjacent parts, and the catamenia were absent." He had no doubt but these symptoms arose from impregnation.

It will be noticed in the report of my cases that there had not been sufficient time from the last menstruation for the recurrence of the menstrual function, and yet the history of both cases proved that the diagnosis of conception would have been safe and correct.

The question arises, was this a merely accidental coincidence, which might lead astray in the next case ? Or, is stranguary really a phenomenon, which may be taken under certain circumstances as a sign of impregnation before the first month is passed ?

Any facts from the profession on this subject would be interesting to your correspondent.

BOOK AND PAMPHLET NOTICES.

MEDICAL USES OF ELECTRICITY. By ALFRED GARRATT, M. D.

In a former number of the *Examiner* we barely had time to announce the issue of this work from the press of the enterprising publishers, Ticknor & Fields, Boston.

From a careful examination of its contents we are confident

that the medical profession will be under lasting obligation to Dr. Garratt, for a collation of facts not before in accessible form for profitable investigation, for the happy arrangement of his subjects, and the successful manner of their treatment.

The author very justly remarks that "a systematic work on the medical and surgical uses of electricity, containing clear and practical directions as to *where, when, and how* to employ electricity as a remedy, has long been greatly needed." Many eminent men had requested him to publish the results of his labors in this department of medical science, and the result fully justifies their request, and compliments their judgment.

The work is both scientific and practical, a book which should be in the hands of every medical student, and no medical library will be complete hereafter without it.

The author says: "I was fully aware that my position, my views, and my aims might excite misapprehension, because the hitherto very general association of the empirical uses of electricity with quackery, throughout the length and breadth of our country, would naturally lead to some erroneous verdict, at least until my true position might be directly and definitely defined. On the one hand, in regular practice, no surgeon, no oculist, no spinal, or uterine, or urinary doctor; no orthopedist, or general practitioner, shall imagine that I wish to interfere with their respective positions, for which they have especially studied, and in which they are devoting their lives. On the other hand, let no wandering arab of a boasting and quackish 'electro-pathist,' electro-physiologist, or traveling 'galvanizer,' attempt to screen himself by using my name and address, under any connivance or sympathy."

"Our art is *one* art. Each branch is but a part of the whole, and simply '*E pluribus unum*.' It is too late to be sticklers for creeds or isms, for pathies or systems; only let each be honest and earnest in his professional sphere. The author is desirous that this should no longer be termed a '*system*' of practice, but merely the *electric remedies*, etc., and that we take especial pains to eradicate these false notions from the minds of the people."

Chapter I, describes *natural* electricity, its character, sources,

and discovery ; presents the theories of Franklin, Symner, and De la Reve ; treats of clouds, thunder storms, fogs, relation of electricity to the air and earth ; the difference between electricity and magnetism : lightning, and safety from lightning : effects upon the human organism, as regards births and deaths, and of electric changes as the cause of epidemic disease.

Chapter II, presents us with the "Early History of the Medical Uses of Electricity."

Chapter III, treats of "Electrical Instruments and Apparatus for medical purposes," with ample references to the discoveries of Prof. Oersted, Ampere, Sir H. Davy, M. Nobili, Profs. Henry, Faraday, Neef, etc.

Chapter IV. Discusses the subject of Electro-physiology, with citations from Matteucci, Alfred Smee, Becquerel, Marshall Hall, Brown Sequard and others. A chapter of exceeding interest, and to which we shall have occasion again to refer.

Chapter V. Describes the methods for the medical employment of Electricity.

Chapter VI. Discusses Hyperæsthesia.

Chapter VII. Anæsthesia.

Chapter VIII. Spastic Diseases. Views of Marshall Hall on Spinal Diseases, with the researches of Wm. Flourens, Weber, Todd, Hall, Brown, etc.

Chapter IX, has reference to Electro-Therapeutics in Midwifery. Effects of Electricity upon the abdominal viscera, and upon the secretions.

Chapter X. Electricity in Surgery. Its agency in the treatment of "Nervous affections of the Eye, the Ear, Indolent Ulcers, Aneurisms, Ununited Fractures of Bones—as a Moxa, a Cautery, etc. ; closing with an article on Surgical Dentistry.

If future trial shall verify the experience and anticipations of Dr. Garratt, we shall be greatly indebted to him for bringing forward these additional means for alleviating misery and curing disease. If it shall not in all respects realize our hopes, still the work will be eminently valuable, as stimulating to investigation in the right direction, and will hasten the exploration of a field of study and practice far too long neglected.

The work will repay an attentive perusal, its illustrations are admirable, and its mechanical execution in all respects a credit to the publishers.

J. H. H.

BOZEMAN ON THE APPLICATION OF THE BUTTON SUTURE TO
VARICOSE VEINS.

Pamphlet literature is acquiring an immense extension in the medical and surgical professions, and bids fair ere long to rival in importance the medical journals themselves.

We approve of the plan. The diffusion of knowledge will thereby be favored, and though many of the pamphlets will, like this, not be of great importance, yet many valuable ideas and suggestions will make their way into real usefulness, which otherwise had remained unnoticed in the brain of their inventors.

The pamphlet before us contains an article from the *N. O. Medical Journal*, by Dr. Bozeman, of Alabama, already known to the profession as having improved Sim's operations for vesico-vaginal fistula, by the invention of the button suture.

The application of the same suture is proposed for the obliteration of varicose veins.

The button suture of Dr. Bozeman, consists of fine silver wire, such as was prepared by Dr. Sims, which is inserted through the tissues wherever desired, and the two ends drawn through a small hole in a lead disc or button. The button thus closes up the suture by being pushed down to the skin, and is retained there by a perforated shot which is slipped on after it, and compressed upon the wire so as to hold it in position. The wire is then cut off near the shot and the suture is completed. In vesico-vaginal fistula, Dr. Bozeman makes several perforations in the same button to receive the several wires. In applying the suture to varicose veins of the *limbs*, Dr. B. inserts the wire upon one side of the vein, and brings it out at a separate opening upon the other, thus compressing a piece of skin with the vein.

It would probably be better after encircling the vein to return the wire through the *same opening* of the integument,

and thus compress the vein alone, which would result in less irritation and pain.

In varicocele the author adopts this plan. He details three cases of varicose veins of the leg, and one case of varicocele successfully treated in this way.

The advantage of silver wire over silk ligature of the same strength, is its smaller size and its smoothness, by which it lies in its place with far less irritation than silk.

We think that there is a mistake in selecting silver in preference to gold or platina in such operations as vesico-vaginal fistula. Silver is readily reduced to a sulphuret by contact with the tissues, hence, in such situations it becomes blackened and loses its polish, and is more liable to irritate and cause suppuration than gold. We give the latter, therefore, the preference, both in fistula and in varicose veins. The use of the button, however, is a valuable improvement, and worthy of adoption in a variety of circumstances. Another point worthy of consideration in the button suture, is whether the button ought not to be of the same metal as the wire. The use of silver, gold, or platina, in contact with lead, establishes at once a minute galvanic battery, whose current acting on the tissue at the point of insertion, may in some cases serve to impede the process of adhesion.

E. A.

MEDICAL COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY. With an Appendix, containing the Proceedings of the Councillors, and of the Society. Vol. ix.—No. vi.—1860.

To the courtesy of the President, Dr. John Homans, of Boston, we are indebted for a copy of the above. The bulk of the present number, which is gotten up with its usual degree of typographical elegance, is occupied by the Annual Address—*Currents and Counter-Currents in Medical Science*—of Dr. O. W. Holmes. The remainder of its contents embrace the List of Deceased Fellows, Obituaries, Proceedings of the Committees, Board of Trial, Proceedings of the Society, Treasurer's Report, Officers of the Society, Officers of the District Medical Societies, List of Fellows admitted since 1854, Index,

etc.,—valuable, all, for reference, but not, in the main, of general interest, except to the local reader. As exceptions, however, we note the appointment of a committee to inquire into the expediency of the Society's co-operating with the Medical Profession of Great Britain, which is about to erect a monument in Westminster Abbey, to the memory of John Hunter; also the appointment of a committee to urge upon the Legislature the establishment of a Scientific Commission, to investigate the Cattle Disease.

With its characteristic good sense, the Society, at its May meeting, re-elected its former excellent President, Dr. John Homans; its indefatigable Secretary, Dr. John B. Alley, and other of its former officers.

F. R.

COXALGIA OR HIP-DISEASE.

In recording the proceedings of the American Medical Association in the July No. of the *Examiner*, we alluded to the paper of Dr. Sayre of New York, on Coxalgia, read and discussed in the Surgical Section of the Association. We then stated briefly the positions assumed in the paper or report, but could not give a summary of the discussion, being engaged in another section at the time it took place. We are now happily enabled to supply the omission by copying the following report from the *American Medical Times*, of New York, for July 14th, and 21st.

“Dr. LEWIS A. SAYRE of New York, as chairman of the committee appointed at the last meeting of the Association to report on *Morbus Coxarius, and the Surgical pathology of Articular Inflammation generally*, stated that he had prepared a paper referring only to the first branch of the subject, preferring to leave the rest for a future time.

“The present report embraces the pathology, causes, and symptoms of the disease, together with the history of many cases in detail illustrative of the plan, and principle proposed in the treatment of its various stages. Also, a complete collection, in tabulated form, of every case of exsection that had

been performed up to the present time—many of which had not been before reported—with a brief history of the same, including the age, sex, cause, condition, time, and mode of treatment; and the result, with the name of the operator, with mention of the record for reference. Also, a full and minute description and engraving of a new instrument, devised by him, for the mechanical treatment of this disease in its earlier stages; an explanation of the principles upon which it was constructed, its mode of application, and result of the treatment illustrated by cases, and photographic drawings taken from life.

“The disease was divided into three stages—first, second, and third. In the first stage, local depletion was advised, together with the removal of all pressure from the synovial surfaces, by means of the instrument referred to. Issues and setons were ignored, and the reasons given therefor. In the second stage, when the effusion was very great and showed no signs of being absorbed by ordinary means, puncture was insisted upon, to be followed by the application of the splint. Cases were cited to show the propriety and harmlessness of this practice if properly performed, not only as a means of relieving the patient, but of arriving at a diagnosis. He maintained that the advantage thus gained by opening the joint was more than counterbalanced by an after risk.

“In the third stage, when the synovial membrane was destroyed, the cartilage of incrustation eroded, and there were positive evidences of bony crepitus present, the operation of *exsection* was strongly urged.

“If such an operation were performed before the acetabulum had become perforated and the system exhausted by hectic fever, there was every prospect of a final recovery; and that within a very few months, with but very slight deformity, and almost perfect motion. Various examples of the benefit of such treatment were given in detail, and the report closed with a tabular review of seventy-two cases of exsection of this joint. Of these operations fifty-eight were performed for caries; forty-four recovered with more or less perfect motion, and the remaining fourteen died; seven from exhaustion, the acetabulum being perforated and the system being broke down by

gangrene; two from psoas abscess; three from insufficient removal of the disease; one from fracture; and in one the cause of death not stated. Of the remaining fourteen operations eleven was performed for gun shot wounds, only two recovering; one for fracture; and in the other two the reason for operating was not stated.

“Dr. KRACKOWITZER, of N. Y., asked wherein any splint mentioned differed from the one known as Dr. Davis’s, and which of the two had been first in use?

“Dr. SAYRE, in reply, stated that he had seen Dr. Davis’s splint before his own was manufactured, and had expressed to that gentleman his disapprobation of the means used for extension, and that he (Dr. S.) had afterwards set to work to construct one that answered, as he thought, the purpose better. He further remarked, that in Dr. Davis’s splint there was, in place of the ratchet and cog, a simple hinge arrangement, which was incapable of regulating extension. This he considered a very important point to be looked after, inasmuch as a child would grow fully three or four inches every year, and it was necessary, when the instrument was worn for any considerable length of time, that the means of extension should be so regulated as to meet all the requirements of the case. Dr. S. maintained that in his modification this principle was fully carried out.

“Dr. CROSBY remarked, that the subject of the treatment of hip-joint was a very interesting one to him, more particularly that part of it which referred to the opening of the joint. He thought that the proper time of performing such an operation was a matter well worth discussing.

“Dr. SAYRE, in this connection, stated, that if the joint was fully distended so as to give the peculiar deformity referred to in the second stage of the disease, where the limb was apparently lengthened, flexed, abducted, and everted, and with no signs of the disappearance of the effusion, he would puncture the joint and afterwards apply the splint. The earlier such an operation was performed the better it was for the patient. If, on the other hand, there was good reasons to suppose the existence of sero-purulent matter in the joint, as shown by the

long continuence of the disease, general emaciation of the patient, and hectic, a free incision should be resorted to, taking care that no pouch be left.

“ Dr. MUSSEY, of Ohio, asked Dr. Sayre what was the guide for making the puncture.

“ Dr. SAYRE stated that the puncture was made just behind and above the trochanter major; the depth at which the instrument entered varied with the amount of fat deposited in the sub-tegumentary tissue. In answer to a question from Dr. Atlee, Dr. S. remarked that if the character of the fluid was found after puncture to be sero-purulent, the puncture would be converted into a free incision; if it was then found that the disease had progressed still farther, that the bone had been left bare, all that remained to be done was exsection of the diseased portion. The after treatment consisted in keeping any resulting inflammation in check.

“ Dr. CROSBY stated, that in a case in which he performed puncture, he first made an incision through the skin and areolar tissue behind the trochanter down to the muscle; then separating the fibres of the same with a director, he ascertained, by the motion of the instrument, the extent of the distension. A trocar was introduced, and synovia and pus escaping, the incision was enlarged in the same manner as referred to by Dr. Sayre. The case treated in this way recovered in a surprisingly short space of time, the patient walking about three months after the incision was made. After the operation, all that remained to be done was to approximate the edges of the wound by adhesive straps, the lower portion being kept open by the introduction of a tent.

“ Dr. HYDE asked Dr. Sayre's experience in reference to the opening of other joints.

“ Dr. SAYRE replied, that he had opened the ankle and elbow joints repeatedly; had followed the same general principle, and had obtained like good results. In reference to the treatment of the early stage of the disease, Dr. Sayre stated that Dr. March, of Albany, had some years before constructed a splint for the purpose of keeping the parts at rest, and preventing any friction or undue pressure of the two inflamed

synovial surfaces upon each other. He believed that Dr. M. was the first one who advocated that plan of treatment, and he desired very much to hear that gentleman's experience.

"Dr. ALDEN MARCH, of Albany, next made in substance the following remarks:—It is true, a few years ago, I brought this subject before this association, and Dr. Sayre has given a faithful account of the views I entertained at that time. The principle of treatment applied more especially to the early stages of the disease, and consisted in keeping the parts in a state of quiescence and in removing all undue pressure. As long ago as the days of Dr. Physic of Philadelphia, a splint was employed in the treatment of this disease. His (Dr. P.'s) idea was simply to prevent motion of the parts, without extension or counter-extension. In 1839, Dr. Wm. Harris published, in the *Philadelphia Medical Examiner*, four cases of morbus coxarius, treated by himself, with extension and counter-extension; but made no allusion to the pathological condition of the joint structures involved upon which he founded his treatment. My attention was directed to the investigation of the pathological condition of the most common and destructive form of hip disease as early as the year 1845 or '46. At the session of this Association held in Boston, 1849, at the office of Prof. J. B. S. Jackson, and in his presence, together with some twenty-five or thirty other distinguished surgeons and pathologists, I exhibited several specimens of morbus coxarius, and endeavored to explain the destructive process of this terrible disease. Where two inflamed surfaces rub upon each other, or where undue pressure is made on the tender and inflamed parts, and continued for some time, necrosis and more or less destruction of the joint is pretty sure to follow. The only way to remedy such evil effects was to remove the cause by taking off the pressure. To this end I constructed a rude apparatus, and brought it before the Association at its session in New York, 1853. It consisted simply of a long splint, broader above than below, to which a foot-piece was attached, and a perineal and circular strap or belt. This long outside splint extended from the sole of the foot to a point on the side nearly opposite to the nipple; and at the part opposite to the troch-

anter major, there was a fenestrum or opening by which all lateral pressure was removed from that projecting point of bone, and consequently from the acetabulum. In regard to the results of this plan of treatment, I find them fully corroborated by the experience of Drs. Sayre and Davis

“But to go further; with regard to the operative part—to the opening of the hip-joint, I must confess I have had very little experience. I have two specimens in my museum of heads of femurs which were necrosed, and were worked out spontaneously. In both instances the patients recovered, and, I believe, are still living, in the enjoyment of good health. I have opened the ankle, knee, and elbow-joints not unfrequently; but I do not remember to have opened the hip-joint more than twice. In one instance, I failed to reach the effusion; but, in process of time, the necrosed bone worked through the opening made: that young man is now alive, and in good health. The mother, at the time of the operation, thought I was too cruel, and in a few days sent for another physician in the neighborhood, who said that I was mistaken in my diagnosis, and that it was nothing but a case of rheumatism.

“He stated, in conclusion, that when his apparatus was first brought forward, he was pretty severely criticised in reference to the supposed ill effects from confinement.

“In Dr. Sayre’s apparatus, this confinement, after the acute character of the disease had subsided, was unnecessary, and it was consequently more desirable on that account, as a valuable means of cure. He was glad to see efforts made to improve the treatment of a disease so common, and heretofore so destructive to limb, if not to life; and, if he had been the humble agent in directing the attention of the profession to its mechanical treatment, on true *pathological* and *philosophical* principles, he felt as though he had not in vain devoted many studious hours to this interesting and important subject.

“Dr. HUBBARD, of New Hampshire, stated that he had a case of hip-disease which had been managed upon what he considered the conservative principle, where the abscess was allowed to burst. The patient was afterwards placed upon March’s splint for three months and a half. As the result of that

treatment, the inflammation subsided, and the general health of the patient very much improved, so much so, that it was very desirable to get him up and about. Just at that time Dr. Sayre's report came to hand, and it struck Dr. H. that it was just the instrument that was applicable to that case. Accordingly he sent a measure, and was soon supplied with the apparatus. The splint was first applied in the afternoon with a slight amount of extension, which was increased the following morning. On the following morning the patient's clothes were put on him, and he was assisted to walk to the window and sit in a chair, where, at the time of making this report, he still remained. The child is some six or seven years of age, and in testimony of the good effects of the treatment, desired Dr. H. to return his sincere thanks to Dr. Sayre for his instrument. The speaker expressed himself as entirely satisfied with the result of the case, and intended at the very first opportunity again to test the advantage of the instrument.

"Dr. WILLARD PARKER, of N. Y., remarked, in relation to the treatment of the disease in question, that inasmuch as it occurred in scrofulous children, the constitution was the main thing to be looked after; any local appliances being a secondary matter. The constitutional treatment required was sustaining in its character. If any apparatus could be suggested, by means of which the patient might avail himself of exercise, and at the same time keep the tender surfaces apart, a great point would be gained. It seemed to him that Dr. Sayre's apparatus was the result of an old suggestion, and that due credit, as the prime mover in the affair, should be given to Dr. March. He thought that the principle of treatment, as laid down by that gentleman, was a correct one,—the prevention of pressure, and the consequent destruction, not only of the synovial membrane, but the cartilage and bony structure.

In reference to the time for opening joints, he did not think it was a question that had been satisfactorily answered. He had some experience in puncturing knee joints, though he never had occasion to perform such an operation upon the hip. In this connection he thought it necessary only to refer

to a single case of the former class, which might be considered as a type of the whole. It was a young boy ten years of age, whom he saw in consultation with a surgeon of New York City. The child at that time had been suffering intense pain for some days in consequence of pressure produced by an accumulation of fluid in the cavity of the joint, which had been the seat of acute synovitis. The pain was so intense, that administration of opium and chloroform was found to be entirely useless, as far as any good effects were concerned.—The question naturally enough came up—What was to be done? It was finally decided that an opening should be made. This was accordingly done by a thumb lancet, when so great was the tension of the parts, that the fluid was forced to the extent of fully two feet from the aperture. The fluid, upon examination, was found to be of the nature and consistency of gelatine. The system soon after became tranquil, and sleep followed the administration of an ordinary anodyne. In the course of time a complete recovery was the result.—He could not see the difference between joints which were already the seat of suppuration, where the synovial membrane and cartilage were destroyed and abscesses in another part of the body. The indication for the evacuation of the joint were equally strong in both instances.

“Dr. ATLEE, of Pennsylvania, thought it was his duty to give his experience in relation to opening of joints, by citing the following case: The patient was a German servant of his, 18 or 19 years of age, with a highly scrofulous constitution.—He was observed limping about the house apparently in great pain; and on being questioned, he told the doctor that for some days he had suffered from severe pain in his knee-joint. Upon examination the part was found very much distended, and his suffering was so intense, that it was evident that immediate relief should be given, or else suppuration would be the result. A small trocar was introduced, and about eight ounces of highly albuminous fluid was drawn off. The relief was immediate, and instead of having him laid up for three or four months, in three weeks he was perfectly recovered. He stated, in conclusion, that previous to being compelled to perform

the operation, he had always a prejudice against puncturing knee joints, but the result of this case tended to alter his views in relation to that point.

“Dr. McDOWELL, of St. Louis, stated that he would have given all he had ever made in his profession, and all he expected to make, if he had known of this instrument when his son had morbus coxarius. He should have punctured the joint early, then have applied the instrument, and would have been rewarded by saving his boy. In reference to opening into the knee joint, he stated that he had performed the operation in four instances. In one case, anchylosis was the result; and in three others no serious damage took place. In conclusion he expressed a determination to follow out the principles of treatment as set forth in the discussion.

“Dr. F. H. HAMILTON remarked in relation to the treatment of hip disease, that he had early been instructed with reference to the necessity of confinement, but that experience had since taught him the unsoundness of such a principle. He had come to the conclusion that such confinement was in direct antagonism to another and equally important indication, namely, the restoration of the general health. If the child was past six years of age, this was not a very difficult thing to do. His plan was simply to instruct the parents to obtain crutches that were handsomely made of Malacca Wood, and silver mounted, so that the child would not be ashamed of them, nor throw them aside when out among his playmates.—By the adoption of these means simply, the patient would be tempted to take the requisite amount of exercise. To cases under the age referred to, he thought that Sayre’s instrument was very well adapted. In reference to operations upon joints he was convinced that there was not so much to be feared in opening them as in making that opening insufficient. He had resorted to the practice not only with impunity, but was satisfied with the result in every case.

“Dr. JAMES R. WOOD, of New York, made in substance the following remarks:—The subject of opening joints has interested me for many years, and the opportunities offered for investigating the subject have been ample. The indiscriminate

opening of joints is a very serious matter, but there are instances, where the experienced surgeon, by resorting to this practice, will do great good to his patients and credit to his calling. So great was the horror in reference to injury of the joints in days gone by, that even amputation and ligature of the femoral artery in puncture of the knee-joint has been resorted to by our best surgeons, and that within the last fifteen or twenty years. It was because of the resulting constitutional irritation, that this extreme practice was resorted to. I may be permitted here to offer a few thoughts on the different variety of cases in which the joint may be opened. The first is in those cases of traumatic trouble of the joint, where it is opened by puncture as with a penknife, or as is not unfrequently the case, where this has been done, by a drawing-knife, in the hands of a cooper. This latter accident I have met with several times. These are the cases that were so much dreaded by the older surgeons. Here you have acute inflammation speedily terminating in acute abscess of the joint, and the sooner you allow the matter to escape by a free opening the better it will be for the patient; for by so doing, you escape the constitutional irritation and its consequences also, the toxæmic effect from the absorption of matter. Again, as in the case related by Dr. Atlee, where you have the joint filling rapidly with serum, the result of a different grade of inflammation of the synovial membrane, producing excessive distension, excruciating pain, and consequent constitutional symptoms, because of the want of the elasticity of the tissues encroached upon, you are to make a small puncture as you would in the case of accumulation of serum, or pus in the cavity of the thorax; close the wound at once and the relief is immediate. But let me be understood, that I would not resort to these practices in the cases instanced, unless the usual antiphlogistic treatment had been resorted to. I am convinced that it is good surgery, after they have failed, to open the joint as I have stated. Again, we have another form, and one which is very common, in our large cities; it is the result of a constitutional trouble occurring in the badly fed patients, living in pent-up apartments, where the light of heaven and fresh air

are seldom admitted; who are sustained by bad food and begotten by strumous or syphilitic parents. In this class of patients we have the disease called *fungus articuli*, by Sir Benj. Brodie, the old-fashioned *white swelling* of our fathers, no matter whether it occur in the hip, shoulder, elbow, knee, or the spine, it is one and the same disease; and although the surgeon may do much, the *medical* treatment should never be forgotten, for without it all surgical appliances will be of but little avail. Give your patient good air, sea air if you can, plenty of light, out-door exercise as much as practicable, iron, wine, or ale, cream, roast and broiled meats, with blood-gravy, and so forth. In these cases, as a general rule, you have the integrity of the joint destroyed before you are consulted; a very different state of things from that existing in the cases already referred to. The synovial membrane, the cartilage of incrustation, and frequently the bone has succumbed to the peculiar grade of inflammation common to this disease. There is but little pain perhaps, but little heat, in fact the swelling about the joint and incapacity of use are the most prominent symptoms presenting themselves; if you exclude the constitutional trouble of the patient which it is not worth while to refer to here. As in the first form referred to, you have an abscess, but a very different one; in the first you have an acute, a hot abscess, but here you have a chronic or a cold abscess. It is in all respects like the psoas abscess which occurs in the groin, or the lumbar in the loins. It is in these cases that I have occasionally opened the joints; but I am sorry to say, that my experience is such as to cause me to do it always with reluctance, and let me say here, Gentlemen, that it is my judgment that the good surgeon will always approach a joint with great deference and hesitancy. For even in this class of cases the majority of the patients whom I have operated upon, and those of my neighbors that have fallen under my observation, have either lost their limbs or their lives. Resection, although appearing much more formidable than the simple puncture of the joint, statistics warrant me in saying, is a very much more safe operation, and the results are very much more favorable.

“Dr. TOWNSEND asked Dr. Sayre whether he would open the abscesses that occur upon the thigh in this disease?

“Dr. SAYRE stated, that by the early use of his apparatus, and by following out the plan of treatment set forth, this complication would not take place. If, however, he should meet with a case where such an abscess existed, he did not see any reason why it should not be treated by a free incision as in any other instances.

“On motion of Dr. Atlee, Dr. Sayre’s paper was recommended by the section to the Association for publication in its Transactions. The meeting then adjourned *sine die*.”

SELECTIONS.

Pathology and Therapeutics of Typhus Fever.—The number of the Glasgow Medical Journal for January, 1860, contains an interesting paper on this subject by Dr. Jos. Bell, one of the physicians to the Glasgow Infirmary. The following are his concluding propositions:

1. That in numerous cases of typhus, about the fifth, sixth or seventh day of the attack, the impulse and systolic sound of the heart becomes feeble, and ultimately imperceptible.
2. That these symptoms indicate a morbid alteration in the structure of the muscular tissue of the heart, especially in the walls of the left ventricle.
3. That this alteration resembles the usual changes which result from congestion and inflammation of the muscular structure.
4. That the nature of this pathological change requires further examination and research, because the evidences on which the doctrine of its non-inflammatory origin rest, are not conclusive; the circumstances on which Louis and Stokes have placed reliance not being uniformly present.
5. That the beneficial influence of stimulants does not prove the non-inflammatory nature of the morbid change, because in asthenic inflammation a stimulating treatment is always necessary.
6. That whether or not the pathological alteration be owing to inflammation, the softening must be regarded as one of the secondary effects of typhus.
7. That the proper treatment is to maintain the action of the heart by stimulants.
8. That in cases of cerebral and pulmonary disturbance arising in connection with cardiac softening, a stimulating plan of treatment is indicated.

9. That the presence or absence of the physical symptoms diagnostic of softened heart, may be relied on as affording trustworthy evidence by which the asthenic nature of these cerebral and pulmonary affections can be determined.

From these propositions it follows as a *carollary*, that it is the duty of the physician to devote the strictest attention to the action of the heart, especially as regards its impulse and sounds, throughout the course every case of typhus.—*Amer. Jour. Med. Sci.*

On the Importance of the Functions of the Skin, in the Pathology and Treatment of Tubercular Consumption. By A. Toulmin, Esq., (St. Leonard's.)

The author commenced by offering as the proximate cause of tubercle in all cases, the breathing of impure air, and air in so small a quantity as to render it impure, especially during the night. Wherever this was the continuous state of existence, the result must be a deficiency of oxygen in the red corpuscles of the blood, and as the consequence of this, the deposition of plastic fibrine in an incomplete state of oxygenation, and therefore of organization, and thus incapable of being ultimately got rid of by change of matter. It consequently remained as an extraneous adventitious substance in the system offering to the observer all the characteristics of tubercle.

To explain the discrepancy which appears in the rich (who have no want of oxygen in the air they breathe,) being equally subject to phthisis with the poor, he drew attention to the importance of the respiratory functions of the skin, as proved by the almost instant death that occurs on closing the cutaneous pores by artificial means, as by varnishing and gilding the skin of rabbits and other animals; and he observed that, in consequence of the coldness of our climate and other causes, the better classes of society were certainly not in the habit of making the washing the whole surface of the body a part of their daily toilet; and consequently that the exuviae momentarily forming on the surface of the skin—the joint production of the sordes from within, combined with the *debris* of the cuticle—soon became more or less impervious, although the individual might be in the habit of changing his linen daily.

As an illustration of this state of skin, the author referred to acne so frequently seen on the face, as being in reality the general state of the skin of a large proportion of society especially in the earlier periods of life, when phthisis generally

shows itself. The free entrance of air, as well as the exit of carbonic acid through the skin, being thus impeded, the same imperfect oxygenation of the blood, ensued as was produced in the poorer classes, by breathing mephitic air. For the removal of this state of the skin, the only means of cure were to be found in the instituting a full and diaphoresis by the aid of artificial heat; the result of which in first softening and then expelling large quantities of inspissated sebaceous matter, after the surface of the body had been washed clean with soap and water, was not surprising.

The use of hot air bath, as a therapeutic agent was no innovation on the established practice of the profession, as it was the mode of bathing practiced by Hippocrates, Galen and Celsus; and the universality of the practice was shown by the fact that the remains of such baths had been found in every colony of the Roman empire.

If tubercle be imperfectly organized fibrine, then it should be looked upon as a blood disease; and, seeing it is found in other parts besides the lungs, without destroying life, its deposition in them should not be considered as disease either of the lungs or air-tubes, but as an accidental circumstance, killing mechanically, by its ulcerations extending to the surrounding lung tissue. The author called in question the propriety of sending consumptive patients abroad to a warm climate during any stage of the disease; as although in the latter stages of the complaint, when the air tubes sympathized with the tubercular irritation, a warm atmosphere seemed more congenial to the patient's feelings; still in the earlier stages, when a cure was practicable, the breathing the open air of our winter, (at least on the south side of the island,) was most important. He instanced, as proof that the breathing cold air did not cause the complaint, the fact that tubercular consumption is not to be met with in high northern latitudes.

The treatment of phthisis was considered under its hygienic and medical aspects. Under the former, and particularly in the earlier stages, the patient was recommended to live in a high, dry and marine atmosphere, on the Downs, rather than under them; to be as much as possible in the open air; to use all sorts of athletic exercises, (avoiding such as accelerate the pulmonic circulation) suitable to the strength and sex of the patients, by which a more rapid change of matter is effected, together with absorption of already deposited tubercle; as well as the deposition of more healthy—*i. e.*, of more highly organized matter. Medically, the treatment was comprised in a few short aphorisms, which were: 1. The keeping the functions of the skin in healthy action by means of the hot air

bath. 2. The anointing the whole surface of the skin daily with some oleaginous matter. 3. The keeping a local ulceration always patent by means of an issue or seton; and 4. The use of some one or more of a large variety of tonic and antiseptic medicines; all admirable adjuvants in improving the general health, (if selected in conformity with the function most sympathising with and reacting on the disease,) but powerless in arresting the specific lesion in question, without the previous "Open Sesame," of the hot air bath, followed by aspersion of cold or tepid water.—*Brit. Med. Journal.*

New York Medical and Surgical Society.—Discussion on Diphtheria.—Dr. C. M. Allin, of Flushing, related the histories of some cases of diphtheria which had lately come under his notice. About four weeks before he saw the first case, a child about six years of age was seized with an attack of well marked suppurative tonsilitis, which seemed to run its ordinary course for about a week or ten days, during which time an abscess formed and discharged; the swelling of the parts then began to subside. Two or three days subsequent to this, the child was suddenly seized with croupy symptoms. On examining the throat it was found that the swelling of the tonsils had returned, and at the location of the opening of the abscess there was discovered a large patch of false membrane, which covered the uvula, and extended down into the pharynx as far as could be seen. The child was very much prostrated, nearly pulseless, and was evidently rapidly sinking. The usual application of nitrate of silver to the parts, and the administration of stimulants was resorted to, but in vain, for the child died exhausted within twelve hours from the appearance of the first bad symptoms.

Three days after this, a younger child, in the same family, was attacked with sore throat, which presented the ordinary appearance of ulceration. In this case, however, none of the symptoms of prostration were present, neither did any diphtheritic membrane show itself, and the child recovered. Nothing more was seen of the disease for the next fortnight, when Dr. Bloodgood, the partner of Dr. Allin, was called to another case. He found the child very much in the condition of the first case, and learned that she had first complained of sore throat to her mother three or four days before. Various domestic remedies were resorted to, but the patient growing rapidly worse, Dr. B. was called in. On examination, the roof of the mouth, the throat, uvula, and all below the pharynx, as

far as could be seen, was covered with a thick darkish yellow membrane. The countenance was very pale, and wore a very haggard expression; the pulse was very rapid and feeble, and there existed a marked croupy cough. Nothing, however, could save the child—it died the same evening. Early in the morning following, a child of the same family complained of sore throat. The tonsils and surrounding parts were congested. But nothing more was visible. A gargle of chlorate of potash was prescribed, and directions were left to feed up the patient well. On seeing the case again in the evening, he found an ulcerated spot about the size of a split pea on the left tonsil, to which he applied nitrate of silver. Chlorate of potash was then ordered internally, in addition to its use as a gargle. The next morning Dr. B. found that the ulcer referred to was larger than before, and there was also another of the same character on the tonsil of the opposite side. He applied the nitrate of silver again, and at the suggestion of Dr. Allin, hydrochloric acid was added to the mixture of chlorate of potash, in the proportion of a drachm of the former to two of the latter, in eight ounces of water: of this a teaspoonful was prescribed every two hours. I saw the case with him, continued Dr. A., a day or two after, and found that membrane had formed upon the surfaces of the ulcers referred to. The whole roof of the mouth was congested, but the membrane was confined to the uvula and parts immediately surrounding. The strength of the patient did not seem to be much impaired, the pulse being only 110, and we had strong hopes that the progress of the disease might be arrested. The next day, however, the child fell off in strength, and we discontinued the potash mixture, ordering instead, the tincture of the sesquichloride of iron, to be used both as an internal remedy and a local application. At the time referred to, a portion of the membrane became detached, and, on being removed by the forceps, was found to be very tough in consistence, very like the slough of a nitric acid issue in general appearance. Yesterday morning (Friday) I called again to find the patient suffering from a croupy cough, while the surface of the throat covered by the membrane, had increased very much in extent. The child became more and more prostrated, and died at six o'clock the same evening—ten hours after the first symptoms of laryngeal trouble showed themselves. In neither of the two cases reported were post-mortem examinations made.

Dr. Allin stated that Dr. Vaddler (of Flushing) had also met with this disease. One case occurred in a child 18 months old, who sank rapidly and died in consequence of the appearance of croupy symptoms following an ordinary sore throat. The

treatment consisted in the internal administration of the sesquichloride of iron and the local application of hydrochloric acid. A post mortem examination was made. The tongue, pharynx, and lining membrane of the œsophagus, down as far as the cardiac orifice of the stomach, was found covered with the characteristic membrane. It also formed a lining for the larynx and trachea, extending as far into the lungs as the minuter divisions of the bronchial tubes. The lungs aside from this, were only moderately congested. He stated that Dr. Vedder was treating, at that time, for diphtheria, a young girl 16 years of age, who was lying at the point of death. A blister was applied in one of Dr. Allin's cases, but the abraded surface was not covered with a diphtheritic membrane. In all the cases that recovered the convalescence was very much protracted.

Dr. A. C. Post referred to a case of this disease in a young woman, 21 years of age, which proved fatal in the course of the night in which she was attacked. Her child died a short time previous of the same disease. In both, the membrane made its first appearance upon the tonsils.

Dr. A. Clark had seen, since a year ago last autumn, somewhere between sixteen and twenty cases of diphtheria. The oldest case that he had seen prove fatal, was that of a lady, 22 years of age. The oldest person that he had seen affected with the disease was not over 36 years of age. But a small number of post-mortem examinations were made, but they were however sufficient to show a very great variety in the extent of the newly formed membrane. In some instances it extended throughout the pharynx, lining the larynx and trachea, and going down as far as the bronchial tubes could be conveniently opened, besides extending into the posterior nares. In one case this membrane could be seen from the front plunging up the nostrils. In other cases the larynx was not at all affected, the diseased action being confined to the pharynx and œsophagus. On the other hand, he had found the deposit confined to the larynx only. In some of the cases where no post-mortem examinations had been made, immense tubes or bands of thick leathery matter had been expectorated, but without being attended with any relief in the laryngeal symptoms, except in two instances, where recovery took place. In all the cases, so far as he had the means of knowing, the membrane was visible upon some portion of the fauces, most commonly upon one of the tonsils, before any symptoms of dyspnœa showed themselves, and before there were evidences of the formation of the deposit in any other part. In nearly one half the cases in which fatal results had occurred, such a

state of things took place without dyspnœa, but with a set of symptoms such as he could hardly compare with those of any other disease. There was muscular force enough, yet there was a very marked feebleness of the pulse, which was attended with blueness of the nails and lips. He thought that it was a condition very apt to deceive a physician who saw such a case for the first time, and lead him to suppose that recovery might take place. In relation to the mode of invasion of this disease, Dr. C. stated that it had been exceedingly variable. I should think, continued he, that in the cases that I have seen, the severity of the symptoms of invasion have had some relation to the age of the patient, being more severe in those that are older. I do not, however, wish to make this a statement, it only is the result of a limited observation. In some children the ordinary symptoms of sore throat first present themselves, the membrane forms slowly, but the issue in such cases is hardly less fatal than that of others. In other instances the invasion is very brisk, the patient has two or three chills in the course of the day, while in the more insidious forms referred to the duration is a fortnight including the early illness. In those cases that recovered the convalescence was very much protracted. In answer to a question from Dr. Post, he stated that he recollected one case that lasted but three and a half days.

Dr. McCready next cited the following case:—A patient of his, a child was first seized with the ordinary symptoms of sore throat. In the course of a day or two membrane showed itself upon the tonsils, but soon disappeared entirely, and everything pointed towards a recovery. After the lapse of about a week, however, membrane appeared in the nostrils, when the child became suddenly collapsed and died within twenty-four hours after. In that case it seemed that the disease disappeared from the tonsils and afterwards selected the nostrils as its seat.

Dr. Clark stated that in one case he saw with Dr. Crane, death took place in a somewhat similar way. All the membranes had been discharged and the boy was regarded as fairly convalescent. I visited the case one morning about ten days after the severe symptoms and thought him doing well. He was able to sit up a considerable portion of the day; his strength was increasing, and his friends were encouraged. About two o'clock of the same day, Dr. Crane was sent for, and found the child pale and sinking; the pulse at times would be scarcely perceptible, then it would become more full, but the exhaustion was so extreme that the slightest movement, even raising the head, would bring on a fainting fit. I arrived

in time to see the child breathe his last. His appearance at the time I saw him was that of a person dying from internal hemorrhage, and the history of the fatal attack tended to strengthen the suspicion. No autopsy could be obtained. In regard to treatment, Dr. Clark stated that when he first met the disease last autumn, the treatment was very varied and unsettled, and he was not satisfied with any method then in use. Seeing a statement that the Dublin and Edinburgh physicians were disposed to rely upon the muriated tincture of iron, he began to advise that remedy. He had since fallen into the practice, now generally adopted here, viz: sustaining the patient by quinia, given freely the muriated tincture of iron, wine, &c., and interfering but little with the membrane. He did not favor the use of mercurials on account of their constitutional effect. Bretonneau used them at first, but was forced to discontinue them for this reason. In reply to the question, whether he regarded diphtheria a different disease from the croup, Dr. Clark said that he did; one difference was the frequent occurrence of an abundant exudation in the substance and upon the surface of the membrane, and then the appearance of the membrane itself, the border of the patch being surrounded by an intensely red margin, giving it the appearance of a slough about to separate.

Dr. Buck said he had seen patients die even after the separation of the membrane. In reference to treatment, he stated that Dr. Lindsley's great reliance in these cases was mercurial fumigations. He had seen recoveries under its use, and in one, particularly, it was continued day and night for eight days. The disease seemed to be kept in check during its use, but any cessation in its application was followed by an aggravation of the most unpleasant symptoms, and it was not until the eighth day that the relief obtained was permanent. The convalescence was gradual and protracted. In this case the exudation on the tonsils was recognized at the first visit, and within twenty-four hours after hoarseness and laryngeal symptoms appeared. He was so favorably impressed with the value of his remedy that he advises its thorough trial. The fumigation was effected by enveloping the child's head with a blanket, and then heating an iron body to a red heat, throwing upon it cinnabar, when the whole was passed under the blanket. When the child was very small it was necessary that the attendant should also be subjected to the fumigation.

Dr. McCready said that he had seen a case with Drs. Parker and Van Buren which was successfully treated by the method of fumigation.

Dr. Jas. R. Wood remarked that Dr. Lindsley had used the

cinnabar in fumigation in croup for many years. He had himself tested its efficacy and could report favorably. Diphtheria, he continued, is a different disease from inflammatory croup, being attended with more nervous prostrations, and the patient running rapidly into a typhoid condition. It is essentially a blood disease. Again they differ in the location of the exudation; in true croup it does not always commence upon the fauces and extend unto the larynx; but in diphtheria he had always first discovered the exudation in the fauces or upon the tonsils, and the laryngeal symptoms supervened soon after.

*Account of Diphtheritis, as it occurred on the Watershed between the Tallahatchie and Mississippi Rivers—*By Lea Z. Williamson, M. D., of Sardis, Miss.—Diphtheritis occurred in the vicinity of Sardis, Miss., in 1859, and as this affection is now attracting much attention, I will endeavor to present an account of the symptoms which it presented, and the treatment which I found most beneficial, with such other information as may tend to throw light on the subject.

Symptoms.—Preliminary symptoms usually precede the attack in adults, sufficiently definite to apprise an intelligent person of his danger. These were a dull aching of the bones, lassitude, headache, great mental depression, and drowsiness. Children are emphatically the subjects of diphtheritis, and these initiatory signs are rarely observed in them. More commonly the child awakens in the morning, complaining of sore throat and stiffness of the cervical muscles; he seems very sleepy, insists on being let alone, and lies with his hands folded under his head. He has some fever, little or no appetite, and inspection reveals redness of one or both fauces, and sometimes of the uvula, and tumefaction of one or both tonsils. Perhaps the membrane has already formed on some of these parts, or does so in a few hours, sometimes it does not form until the third day. Externally there is swelling of the submaxillary and cervical glands, and the degree of this is a fair and correct exponent of the internal injury. Of fifty-eight cases, the left side was first effected in forty-four; in eleven only one side was implicated. The exudation commences in small, irregularly, whitish or ash colored patches, sometimes confined to a part of the fauces, or scattered here and there over the whole extent. If these patches coalesce, the whole mucous surface is concealed by the false membrane.

Occasionally the exudation appears first on the uvula. When

the surrounding surface is of a deep red, and the membrane of whitish color, the fever is sthenic; when the surface is a dark livid or claret, and the membrane of a yellowish color, the fever is typhoid; and when the latter condition succeeds the first, the prognosis is unfavorable. Between these two conditions, however, it must be remembered there are various grades wherein the characteristic symptoms are more or less mingled, and modified. We have not observed that constitution has any determining effect as regards the character of the fever.—In the majority of cases the fever was asthenic; whilst in some of the very worst cases, as regards the throat there was scarcely any fever perceptible. The membrane begins to be removed soon after it is completed, either in strips, or by softening and mixing with the fluids of the mouth. They are sometimes removed, and renewed several times; each time becoming thinner and whiter, and finally disappearing. The process lasts from five to ten days; the longer, the more unfavorable the prognosis; few recover that go to the tenth day. If it continue this long the fetid sanies from the nostrils, and the lacinating pain along the Eustachian tubes, when fluids are swallowed, indicate the extension of the inflammation into these passages, and there are reasonable apprehensions of the invasion of the larynx and trachea, which is the chief danger of the disease, and which will almost certainly prove fatal.

When the disease has advanced this far, the front of the neck, the parotid glands and the face are greatly swollen; the mouth cannot be opened without the most excruciating pain; the voice, although the tongue is not involved, is changed into a hoarse whisper; the swallowing of fluids, even, is torturing. The pulse is feeble and fluttering; the respiration is hurried and catching; the indentation of the intercostal muscles from atmospheric pressure shows a lack of oxygen in the lungs, for the relief of which the diaphragm and pectoral muscles are brought into full play. The patient is restless, tossing from side to side; implores the assistance of the bystanders, or a release from the agonies of suffocation; finally seeks a semi-reclining position, and dies by apnoea. The obstinate constipation so often present in the beginning, is exchanged for diarrhoea in the latter stages—the stools having a very offensive but not a cadaverous odor. Hæmaturia, difficult micturition, and suppression of urine are also common at this time. Albuminuria is detected by the usual tests in the severe cases: but cannot be considered a constant complication. In a few cases the serous effusion of the areolar tissue of the face, neck, and chest was so great as nearly to conceal the eye, and entirely incapable to acitate the patient from wearing his own clothes. One case had a

diphtheritic membrane, formed on an excoriated surface of left arm, which was very tenacious, and as tardy of being removed by the same remedies as that of the throat; which could not have come from a merely local affection.

The system is evidently under some poisonous influence, which has probably much to do with the fever of diphtheritis.

The prognosis was favorable in ordinary constitutions, if early treated. All the severe cases that were not treated till after the 2d or third day, died. All died that had a descent of the membrane into the larynx, with one exception. Of 58 cases, one was over 40, 5 over 30, 9 past 20, 16 over 14 years; the other 42 had not reached the age of puberty; 40 were under 10, and 20 of these between the ages of 4 and 6 years; the youngest was only 19 months old; no membrane formed in this case, though there was much inflammation and swelling. One third more females than males suffered. Color confers no immunity. 4 whites and three blacks died; one 30; two 8; one 6; two, 5; and one 4 years old. One died on the 18th, one on the tenth, one on the 9th, one on the eighth, one on the 7th, one on the sixth, and one on the third day.

Etiology.—Diphtheritis appeared here on a high, level water shed, between the Tallahatchie and Mississippi rivers. On each side are broad, uncultivated valleys, of matchless fertility, where grows vegetation of the richest and rankest character, which by the overflow going off in May or June, is left exposed and reeking in the sun. Superadded to this are numerous lakes, marshes, and sloughs, which are supposed to make this region notorious for intermittent and remittent fevers. This year (1859) the summer fever commenced early in June, and prevailed about as usual until August. The season was very dry, there having been no general rain since early in May. The thermometer ranged from 86° to 96° Fahr. In the last week of July there were copious rains, with frequent showers throughout August and September. With the rains came a decided change in the temperature, the thermometer ranging from 69° to 82°. The first cases occurred August 5; a week later half a dozen families were attacked almost simultaneously, without having had any communication with the first cases. It continued to travel in a definite direction along the eastern border of these table lands, confined to very narrow limits, from which it never once deviated. Remittent bilious fever, the only disease from which the inhabitants suffer during the summer months, and which had been prevailing to its usual extent, seemed now merged into the prevailing epidemic; after the appearance of diphtheritis, not one case of fever was seen in the epidemic region, where scores are wont

to occur. A few weeks later, diphtheritis appeared on the western border of this ridge (diphtheritis never reached its centre) fronting the Mississippi bottom, differing in no respect from that already described. On this basis it is a fair inference that in this epidemic malaria and diphtheritis were in some way connected. The epidemic began to abate in September; there were fewer attacks and those of a milder form. No rain fell after September 22 until Nov. 17. The weather was uniform, and warm for the season; this had a salutary effect. Patients were always worse during wet "spells," or when nights and mornings were very cool. Frequently those that had recovered, relapsed from exposure to cold, damp atmosphere. Diphtheritis being a disease heretofore unheard of in this section, the people were terrified with stories of contagion, for which there was barely the remotest evidence.

Diagnosis.—Diphtheritis has been confounded with scarlet fever, black tongue, mumps, croup, ulcerated and malignant sore throat. It wants the excavated surface of ulceration of the last named disease; when, however, the false membrane has been removed and renewed several times, some excavation will be observed.

Treatment.—I commenced this generally with purgatives to relieve the constipation. Where there is much fever, a hot surface and clay colored stools, good results usually follow the administration of calomel in broken doses, followed by a saline cathartic. Most cases thus treated exhibit some improvement on the second or third day. Mercury is preferred as a stimulant to the secretions, and as an antiplastic to the blood. Emetics are only useful for expelling the false membrane from the larynx in the last stages, thereby preventing suffocation. Iodide of potassium was given as an antiplastic, also the chloride of potash for the same end, and to correct the fetor.—Huxham's tinc. bark and mur. tinc. iron were beneficial in the low and lingering cases. Chlorinated soda, a drachm to three ounces of water, is an excellent gargle. The application of nitrate of Silver, solid or in solution (a drachm to the ounce), to the inflamed surface, once or twice a day, was a prominent and indispensable part of the treatment in the severe cases. Externally, the most active counter-irritants are the best applications. The merits of flies, mustard poultices, stimulating lotions, and rubefacient liniments were thoroughly tested—the same arguments urged against blistering in other throat affections apply in this. Mustard vindicates itself from these, and is decidedly a superior application; and when added to Indian meal or wheat bran poultice, can be tempered to the patient's tolerance. It alleviates the internal pain, and controls to some extent the diphtheritic exudation.

Sequelæ.—In several cases serious secondary affections came on after the throat had recovered, characterized by universal paleness of the skin, lips, tongue, and mucous surface, and extreme whiteness of the conjunctiva. The muscles are soft and flabby; the patient is feeble; has a sort of random shuffling gait; cannot grasp and retain bodies by the hand. There is great mental depression, and disposition to sleep; constant constipation, feeble appetite, and digestion. Neuralgic pains of neck, shoulders, and body are common. In one case sight was so much impaired that large print could not be read, and the voice was nearly destroyed. The soft palate and uvula dangled in the pharynx like a dead curtain. The larynx of this person had been severely affected. All these cases recovered under rational treatment.—*Am. Jour. Med. Sciences.*

EDITORIAL.

Diphtheria.—Having received several letters from physicians in different sections of the country, stating that Diphtheria was more or less prevalent, and asking our opinions in relation to the treatment of that disease, we have thought it best to make some observations on that subject instead of the usual clinical reports. So far as experience has enabled us to form an opinion, we regard the Diphtheria as an affection intermediate between Scarlatina and Membranous Croup. Like the former, it usually commences with fever, but resembles the latter in the almost constant tendency to form false membrane, or at least curdy exudations upon the surfaces involved in the disease. Like the former, again, the fever seems constantly prone to assume an adynamic or typhoid grade of action, with a degeneration of the fluids, as indicated by the offensiveness of the secretions, especially from the mouth, fauces, and nostrils. In its sequela, also, it closely resembles scarlet fever, often leaving the patient anemic, with chronic suppurative inflammations of the mucous membranes, and lymphatic glands. On the other hand, it not only resembles membranous croup, in the tendency to plastic or fibrinous deposits on the inflamed surfaces, but also in its disposition to attack the larynx. From these facts, some writers have regarded the disease as only a modified form of inflammatory croup, while others have claimed

its identity with scarlatina. The larger number, however, regard it as a distinct disease, but closely allied in its pathology to both the others named. It is not necessary to occupy either time or space with a detail of the symptoms of diphtheria, to accomplish our present purpose.

It is sufficient to state very briefly our views of its pathology, and see how far a rational treatment can be founded on them. The disease involves primarily, an alteration in the composition and properties of the blood, with a perverted state of that property which we designate vital affinity in the organized textures, and the development of a local inflammation in the glands of the neck and mucous lining of the fauces.

The special changes observable in the composition of the blood, consist in the diminution of red corpuscles and sometimes of the albumen; fibrine is much increased. The diminution of the two first is accompanied by a corresponding depression of vital activity, while the increase of the latter coupled with a perverted affinity, causes the ready exudation of a fibrinous layer upon the inflamed mucous membrane of the fauces, and often also upon cut or abraded surfaces in any part of the body; and it is doubtless a copious infiltration of the same fibrinous material into the texture of the tonsils and lymphatic glands that causes them to become so swollen and hard early in the progress of the disease. At a former period, the appearance of an excess of fibrine in the blood was universally regarded as an evidence of a sthenic or *actively* inflammatory condition, that constituent being regarded as one of the nutritive elements of the blood. But more than ten years since we satisfied ourselves by observations and direct experiments that it was a product of disintegration and consequently excrementitious, being chiefly eliminated by the kidneys. Hence instead of regarding its presence in excess, as an evidence of a sthenic state of the system with exaltation of the vital forces, we look upon it as simply indicating, either a too rapid disintegration of nitrogenous structures or a failure of the kidneys and skin to eliminate it with the usual rapidity, or both these conditions co-existing at the same time. Conceding these views to be correct, there is no difficulty in explaining

the co-existence of blood containing an excess of fibrine and a strong tendency to fibrinous deposits, with a perverted and depressed condition of the properties of the organized structures; thereby presenting all the phenomena of debility, depraved secretions, and a typhous tendency, together with excessive fibrinous deposits and exudations. And such really seems to be the exact pathological condition and tendencies in the majority of cases of well marked Diphtheria. It is true that we have seen some cases that have presented a full pulse, hot skin, and throughout a higher grade of action, resembling the ordinary inflammatory croup. But these are rather exceptions to the general rule.

Treatment.—The objects desirable to accomplish in the treatment of Diphtheria, are: 1st, to restore the normal condition of the blood by increasing the solubility and excretion of the fibrine, and thereby remove the tendency to further pseudo-membranous deposits in the fauces or elsewhere. 2nd, to correct the perverted properties of the solids and thereby restore a more healthy secretory action generally and arrest the febrile movement. 3rd, to mitigate the local inflammations.

If it is true, that fibrine is a product of disintegration or metamorphosis of the tissues, its accumulation in the blood may result from two causes; first, a too rapid metamorphosis or waste of tissues, as we see in all the more active local inflammations; second, a failure of the kidneys and the secretive organs to eliminate it as fast as it is formed. Hence to fulfil the first object in the treatment, we use such agents as will hasten the oxydation and excretion of the fibrine, without reducing the strength of the patient. For this purpose we give pretty freely, internally, the chlorates of Potassa and Soda, and if the disease advances with fetid secretions from the mouth and nostrils, we add the Muriated Tincture of Iron. To fulfil the second indication in the treatment, namely, to restore the vital properties to a normal condition, and thereby re-establish healthy secretion and remove the general febrile symptoms, we have been in the habit of giving, during the first day of treatment, between the doses of chlorate of Potassa, Calomel and Dover's Powder in alterative and anodyne doses, and

follow them on the second day by a mild laxative, simply sufficient to move the bowels. After this we give, alternated with the chlorates or the Muriated Tincture, the following:

℞	Nitrous Ether,	℥ iss.
	Tinct. Gelsemin,	℥ ss.
	Tinct. Belladonna.	℥ i.

Mix, and give from 10 to 30 drops, according to the age of the patient, every three or four hours. The Gelsemin and Belladonna allay the general morbid excitability of the system, while the Nitrous Ether increases the eliminations from the skin and kidneys. To meet the third indication, *i. e.*, to counteract the local inflammation, we use a variety of local applications. In the first stage while the glands of the neck are swelling more or less rapidly, we keep the whole exterior of the neck thoroughly fomented with an infusion of Aconite leaves, holding in solution Muriate of Ammonia.

After the first day or two we change this for a liniment of Olive Oil ℥ ii., Oil Turpentine ℥ ss., and Chloroform ℥ ss., mixed and applied to the neck every two or three hours. In the first cases of the disease, that came under our care, we applied Nitrate of Silver and other active agents to the fauces and throat, but we did not derive that advantage we anticipated, and soon ceased using anything of the kind. We believe the solution of the chlorates and the diluted tincture of Iron, swallowed as internal remedies, come fully in contact with the fauces and constitute the most useful local applications—when-ever the peculiarity of breathing and cough indicate the extension of the local inflammation to the Larynx, constituting the symptoms of *Croup*, we promptly give an emetic dose of Sub-Sulphate of Mercury (Turpeth Mineral)—and if necessary, repeat it every two or three hours until those symptoms are relieved. We had intended to add some further details in regard to the treatment of Diphtheria, but as the Printer is after copy, we will simply append the following letter received a few days since from Dr. Slack, of Indiana:

“Diphtheria here for the last six months. I have found no difficulty in curing every case, when called in the start. I saw three cases that had been treated by other physicians, that

proved fatal. I have only lost one case where I was the only one called, and that one only lived twelve hours after I first saw him. This disease is almost exclusively confined to children from two to ten years of age. I suppose I have treated over twenty cases, and when first called I generally find them making very little complaint. Examine their pulse, and I generally find very little excitement of the arterial system. Get them next to protrude their tongue, and it is almost invariably coated with a light yellow coat; next press the tongue down with a spoon handle, and you will see one or both tonsils enlarged, and in the centre of one or both, as the case may be, an ash colored ulcer or false membrane. The bowels are generally costive. I generally give them a good Cathartic of C. C. Pills, or if they are not old enough to swallow pills, I give a dose of Calomel, Rhubarb and Jalap; I then make a saturated solution of Nitrate of Silver, and apply it to the ulcerated tonsil twice a day with a swab. If the breath is much fetid, I take a tea spoon full of the Chlorate of Potash and dissolve in half a tea cup of water, and wash the mouth and throat with that three or four times per day, but never fail using the Nitrate of Silver twice a day until the ulcer disappears. If there is much fever, after the bowels are well moved, I give a powder every three hours, composed of Dover's Powder, Nitrate of Potash and Jame's Powder. I have the throat extremely well bathed in a mixture of camphor, turpentine and lard, and if it is much inflamed and swollen, I also apply an aconite poultice. I find that they generally get well under this treatment, in from two, to four days.

Yours Very Truly,
GEO. W. SLACK.

CAFFEINE &c.

Our own experience fully confirms the following editorial from the Aug. No. of the *Southern Medical and Surgical Journal*, in relation to the use of Caffeine in counteracting the effect of Opium—and we have also found it very valuable as a nerve excitant in various conditions of disease, especially in

the stage of exhaustion from attacks of Cholera and Cholera Infantum :

CAFFEINE IN OPIUM-COMA. *The Second Case of the Injection of Caffeine, by the Rectum, in Extreme Narcotism of Opium.*
By HENRY F. CAMPBELL.

"In the May number of the *Southern Medical and Surgical Journal*, of the present year, we reported the particulars of a case of Opium-Coma, of a very grave character, in which *twenty grains of Caffeine*, injected into the rectum, produced the most surprising and satisfactory results. At the close of that former paper, we expressed the wish that some member of the Profession would repeat the treatment applied by us in that case, and either confirm or disprove our confidence in the remedy. The various medical journals of the country have commented upon the paper, and have generally approved the rationality of the measure, but, as yet, we have not been gratified by observing the report of any second trial of Caffeine under the circumstances, or any additional evidence in support of our favorable conviction in regard to the antidote. A case which occurred to us on the 10th of July instant, affords us the privilege of being able to report the second case of the application of Caffeine for Opium-Coma. Although the following case was not attended by the same happy results as that reported in our May number, we think that the details of the phenomena, so far from weakening our confidence in the remedy, will go far to confirm it.

July 10th, 1860, 3½ o'clock, P. M., called in haste to the U. S. Hotel, in this city, to visit a gentleman, said to have been found in a dying condition in one of the rooms. The patient was Mr. Moses Pike, aged about 28 years, of good constitution apparently, and well developed corporeally. On entering the room, we found him in the following condition: He was entirely unconscious; face of a dark purple hue; hands and feet also purple from congestion; nails on fingers and toes of an indigo color. There was also patches of venous congestion, presenting a darkened hue all over the surface. His respiration was fearfully slow when counted, *not quite four to the minute*. The attendants were slapping and shaking him each

time between the inspirations, to excite him to breathe. His respiration seemed greatly obstructed by the accumulation of mucus. Pulse very feeble, and about 100 per minute. The muscular system was completely relaxed, so that his head would fall about by its own weight, and his arms and legs obeyed only the influence of gravity.

Immediately on our arrival, a paper was found, on which the unfortunate man had recorded the fact that he had taken laudanum at 12 o'clock the night previous, with the intention of self-destruction. Two empty vials, labelled laudanum, one of two ounce capacity, the other of one ounce was found on the table. One of these vials had the neck knocked off, apparently with the view of opening it hastily—and some of the laudanum had escaped so as to leave a stain upon the label. It is probable, therefore, that the entire three ounces had not been taken. Once or twice during the morning, the servant stated, that he had approached and tried the door, with the view of entering, but had desisted when he heard the occupant snoring deeply, as he did not wish to disturb him. Somewhat after 3 o'clock P. M. the servant became alarmed and looked into the room through the transom-light from a chair, and observing his condition, called for assistance.

From the above circumstances, as well as from the written statement of the patient, it was highly probable that near 3 ounces of laudanum had been in his system nearly fifteen hours—that so large an amount had not produced death in so long a time, is truly unaccountable.

The condition of the patient, the necessity of constantly provoking respiration, and also the little probability that any laudanum yet remained in his stomach, caused us to abandon the idea of using the stomach-pump. Emetics of course were out of the question, and we at once resorted to the application of ice to the scalp, and pouring ice-water, from a distance, upon the head, while we sent for a drachm of Caffeine, and a small syringe. As soon as these arrived, we poured out in the palm of the hand what we supposed to be about twenty grains of Caffeine, desolved it in two ounces of cold water, and introduced it into the rectum by means of the syringe.

The syringe being small, three applications were made at short intervals. The whole of the alkaloid was not dissolved. By an estimate made subsequently, calculating what had been lost, the patient had taken near *twenty-five grains of Caffeine* in the three applications.

The Caffeine was administered at twenty minutes before four o'clock, at which time, as we have said, the respiration of the patient was *scarcely four to the minute*, and constant efforts were necessary, in the way of slapping and shaking to provoke him to inspire. At fifteen minutes after four, (35 minutes after the injection) his respiration was found to be effected with less effort and more regularly—and, on counting it by the watch, it numbered eight to the minute. The skin, even now, began to present less of the cerulean tint. In one hour after, the respiration had risen to twelve, and shortly rose to sixteen to the minute, when the skin was nearly of the natural hue, though the nails on both hands and feet remained still of a purplish cast.

Slight spasmodic movements in the fingers were now observed, and also some occasional subsultus in the muscles of the forearm—the under lip, which before was hanging, now became elevated and slightly compressed against the teeth. When the hand of the patient was held, and an attempt made to extend the arm at the elbow, decided muscular resistance was observed. The lid of the left eye was also observed to be raised and let down rapidly once or twice.

The pulse had now become full and somewhat resisting, and the action of the heart, as observed at the chest, tumultuous. On being raised, the patient, once, made a noise slightly resembling a groan, but from the beginning to the end, he did not once manifest the least consciousness.

For a short time after the improvement in the respiration began, the mucous rale seemed somewhat to diminish, and his breathing, were it not for a certain jerking, resembled very nearly a man in deep, healthy sleep. The rale now, however, (half-past 7 o'clock) became more and more obstructive, the gurgling reaching up into the throat and threatening momentarily to strangle the patient. It was now plain that he could

not survive, and, on turning him upon the right side, a bloody mucus bubbled out of the nostrils. The number of the respirations was at this time twenty to the minute, when counted by the watch. The entire surface of the body was intensely hot and remained so to the time of the patient's death, which took place about 15 minutes before nine o'clock, P. M. He seemed to die from the accumulation of the bloody mucus, in the bronchial tubes and larynx. During the whole time, from the first moment of our seeing him till the time of his death, the application of ice was made constantly to the head of the patient, and also mustard plasters were applied to the spine and to the extremities.

A superficial glance at the foregoing case might perhaps impress the reader with the conviction that the confidence which we expressed, in our former report, in Caffeine as an antidote in Opium Coma, was somewhat hasty and misplaced. A more deliberate consideration, however, will remove such an impression. When we reflect on the amount of the opium taken, the length of time during which the patient had been left to its toxic influence, and the destructive ravages which had been made during that time, we certainly, on the other hand, must feel great surprise at the amount of modification the Caffeine was seen to produce under such disadvantageous circumstances. The respiration, in a space of time, less than one hour, was raised from four to sixteen in the minute. The color of the skin, under its influence, was changed from an almost indigo hue, to that of the natural complexion, and the muscular relaxation was replaced by a fair degree of tonicity accompanied by occasional twitchings. The mode of death, too, was not such as is seen in the demise from the unmodified effects of opium, when the respiration becomes gradually slower and slower till it ceases altogether, but at the time of our patient's death, his respiration numbered twenty per minute, and he died apparently *drowned* by the accumulation of the viscid mucus in air-passages, doubtless the result of the long enduring pulmonary congestion occurring previous to the administration of the Caffeine.

In conclusion, we feel confident in saying that we feel greatly

encouraged by the developments of this second case, and shall use the remedy hereafter, with even more confidence than before. We again express the hope that some of our professional brethren will add their published testimony to ours so as to establish the true amount of value that should be attached to Caffeine as an antidote in Opium-Coma.

We intend shortly reporting the results of experiments, with the two drugs, Opium and Caffeine, as made by us, on the lower animals.

Messrs. J. H. REED & Co., whose card will be found on the cover of the "Examiner," have recently fitted up rooms over their store exclusively for their *Surgical and Dental Instruments*. They have been compelled to make this change owing to the increase in trade in these goods, as also the necessity of more room to exhibit properly their large stock of Instruments. They keep every thing needed by the professions, and have now a better arrangement for showing new instruments and improvements. They have arrangement with Messrs. Teimann & Co. to receive all new instruments as they are brought out, and will be pleased to show their stock whether parties wish to purchase or not.

LARGE CHILD.

Mrs. Wilkinson Confined July 28th, 1860. Child, female. Distance around breast immediately under the arms 15 inches; around arm $5\frac{3}{4}$ inches; around thigh $8\frac{3}{4}$ inches; around pelvis 15 inches; shortest circumference of head $14\frac{1}{2}$ inches; whole length from crown of head 24 inches; weight dressed $13\frac{1}{2}$ pounds. For fear some would make too much deduction for clothes, I took the precaution to have the child weighed without clothes, and it was $12\frac{1}{2}$ lbs. The parents each weigh 195 lbs., and the labor terminated without operative interference.

N HOLTON, M. D.

Buda, Ill., July 30th, 1860.

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Professor of Chemistry and Toxicology in the Medical Department of Lind University,

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THE CHICAGO MEDICAL EXAMINER.

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No. 9

ORIGINAL COMMUNICATIONS.

INFLAMMATORY AFFECTIONS OF THE FEMALE BREASTS.

(Read to the Illinois State Medical Society.)

BY W. H. BYFORD, M. D., OF CHICAGO.

Professor of Obstetrics and Diseases of Women and Children in the Medical Department
of Lind University.

Inflammation attacks the mamma of infants, children and youths of both sexes, women childless or senile may be the subject of this affection, but in the present paper I desire to confine myself to the subject as manifested in the pregnant, puerperal and lactiferous conditions of females, the conditions in which the mamma are functionally active or preparing for the discharge of their duty.

Inflammation may invade the tissue in and about the breasts—as

1st. The invoulera—

(a.) The skin and integuments, areola glands, follicles &c.

(b.) The suspensory fascia covering and containing the whole breast, and its intra and sub-glandular processes and laminæ.

2d. The lymphatic glands, superficial and deep-seated.

Or the structures entering more intimately and essentially into the formation of these—as

3d. The nipple and milk ducts contained within it, constituting the eliminatory apparatus.

4th. The sub-areolar expansion of the milk tubes, called by Sir, Astley Cooper, milk reservoirs.

These reservoirs actually occupy nearly the whole front part of the breast, immediately beneath the integuments and fascia, and lie above the gland in all parts of the breast except the margin, where the hard substance of the gland may be left.

5th. The gland and cellular tissue which pervades every part of it, and is the medium of connection between the lobes, lobules, tubes, vessels and nerves of its substance.

Although very few cases of mammary inflammation occur in which the disease is confined to one structure, and many in which several are simultaneously invaded, yet I think an intelligent anatomical division will conduce to clearer views on the subject. I shall therefore base what I have to write about mammary inflammation upon the foregoing consideration with respect to its seat.

It might be supposed that the integuments or involucre of the breasts were as liable to disease at one time as at another, and hence, at the time when the various processes connected with generation are passing should enjoy their usual exemption from disease, but experience proves the contrary.

It may not be expected that I shall dwell to any length upon the eruptive or specific diseases which may attack the breast, for they may occur at any time, nor erysipelatous and rheumatic affections which more frequently than is generally believed attack the structures. Rheumatism of the fascia of the breasts I think I have witnessed repeatedly. It is manifested by the usual characteristics of it when other parts are attacked. Almost the only sort of inflammation to which the integuments are subject that can particularly interest us now is phlegmonous. Of course the real seat of the inflammation, or at least its beginnings is in the areolar tissue beneath the skin. Generally it is circumscribed and single in locality, often there are several simultaneous or successive foci, less frequently it is quite diffuse, involving a large surface, causing great deformity and damage to the organ, and attended with serious constitutional disturbance.

Phlesmonous subcutaneous inflammation in the breasts is attended with the symptoms which usually accompany it elsewhere, pain, heat, redness, swelling, hardness, tenderness

in the early stages, varying in intensity with the extent and acuteness of the affection. We may generally diagnosticate this from inflammation in other tissues of the breast by isolation. There is usually no trouble in the secreting, eliminating or containing apparatus of the breast. The functions of the whole organ are properly discharged. The inflammation is one generally of inconvenience instead of damage. It is superficial and we may ordinarily get below it so that we can assure ourselves it is outside the mammæ. Most frequently the areola is the seat of this disease. There can be no question, however, but that the deep cellular tissue is as often the subject of inflammation as any other of the deep structures, and indeed some good pathologists think it is the seat of disease when we suppose the gland to be the part affected. However this may be, inflammation of any of the deep tissues, generally brings this into the morbid mass. Inflammation of the superficial areolar tissues occasionally involves the reservoirs or glands by contiguity. I have but little doubt that the diffuse inter-mammary suppuration which we see sometimes take place and produce such prodigious quantities of pus, often melts down the connective areolar tissue distributed between the lobes, lobules, and tubes of the organ without always at least attacking the more essential structures. I cannot hope however, nor do I design to try to distinguish between deep-seated cellular and glandular inflammation. The distinction, if made, so far as I can see, would not lead to any favorable result. Chronic superficial cellular inflammation does not often occur, except as it becomes chronic by a long continued succession of small abscesses. It is possible also that the chronic sequela of cellular inflammation as exhibited in hard tumors may be of this character in some instances. When this is the case we should expect to find the hardness not so defined, but shaded off into other parts, somewhat regular in outline, and not sharp irregular and lobulated.

Inflammation of the Nipple.

This may be accompanied with abrasions, fissures or ulceration. Abrasion is most frequently seen on the apex of the nipple, and is the condition in which the delicate epidermis is

removed by action of the child's organs in sucking, leaving the dermis naked, bleeding and raw. It may, however, be observed on any part of the nipple. Not unfrequently these abrasions are increased in depth by ulceration, until a greater or less portion of the nipple may be destroyed. Cracks or fissures likewise often affect the nipple. These cracks are located either on the top, sides, or at the base, of the organ. The apex of the organ, sometimes, is so deeply fissured, as to lay it open to the bottom of this projection, and leave it split in halves; but usually much less extensive, and it simply lays open the top of the nipple to the depth of the skin. The worst fissures that occur on the nipple, however, generally more or less completely encircle the base of the organ. To such an extent are fissures of the base carried by ulceration, sometimes, as completely to amputate this little projection. Abrasions and fissures lead almost invariably to ulceration, and we may consider these as the first stage, so to speak, of ulceration.

This ulceration, of course, resulting as it usually does from abrasions and fissures, occupies the place which I have assigned to them.

The symptoms which accompany these three conditions of the skin of the nipple, do not differ each from the other, and without inspection, we would not probably be able to distinguish between them. There is great pain upon handling the part, or when the child sucks; indeed it is so very severe, as to render it entirely intolerable to the patient, and cause her to resist every request, or even command, to nurse the child. When the child is put to the breast, in addition to the pain, they bleed so as to disorder the milk, and sometimes sicken the child and cause it to vomit up the contents of the stomach. The extent to which ulceration may proceed under the irritating influence of nursing, is sometimes very great.

I remember an instance in a patient affected with stomatitis materna, when the nipple was completely destroyed, and the place where the nipple had been, excavated below the surface before ulceration was arrested. Every experienced physician must have seen cases where the nipple was cleft, cut off, or very badly mutilated. Ulceration has its origin in many cases,

also in small phlegmonous inflammations of the cellular tissue of the nipple. It not unfrequently happens that small pimples arise, suppurate, burst, and on account of the constant irritation of nursing, remain open and pass into a state of ulceration, which is often very obstinate.

Small ulcerations occur in the same way on the areola occasionally, but not with any thing like the frequency, as in the nipple. Neither are they generally so painful as when upon the nipple. The parts being less firm, the swelling does not press upon and distress the surrounding parts so greatly. Such diseases of the areola get well much easier than those upon the nipple, because they are less disturbed than in that place by the child when sucking.

Inflammation of the Lymphatic Glands of the Mamma.

It is important, in a diagnostic point of view, to bear in mind the frequency of inflammation of these glands. As in other parts of the body, so in the breasts; they inflame in consequence of the passage of acrid or unhealthy lymph through them, derived from inflamed tissues. Ulcerations and abrasions of the nipple and areola are frequently followed or accompanied by the inflammation of these bodies. No doubt enlargement by deposit, leading to chronic inflammation, may also sometimes occur, independent of inflammation. The indolent tumors over the gland and near its margin on the inner, outer and upper circumferences, are frequently chronically inflamed lymphatic glands.

The *symptoms* of inflammation of these glands do not differ in the acute form, from those attendant upon superficial phlegmon. All the distinguishing circumstances of inflammation are experienced. They are more circumscribed than ordinary, the margin is more defined and does not shade off into the healthy tissues, but appears, as it were, encysted. This is the case, however, only at first, as the inflammation often, in fact, I think generally, spreads to surrounding tissues, when the difference cannot be clearly made out.

As the inflammation subsides, there is left for much longer time, hardness, than in phlegmon of the integuments. The acute symptoms merge into chronic, and hardness, tenderness,

and in many instances discoloration, last a considerable time. Suppuration does not occur so quickly as in phlegmon, and resolution much oftener. To make out a diagnosis, we should remember the most common seat of the two. They are ordinarily both (phlegmon and inflammation of the lymphatic glands) small in size, usually not larger than an English Walnut; but phlegmon occurs about the areola, while the other is usually over the located gland, and near its margin. The phlegmon may occur in any direction from the nipple with reference to circumference, but lymphatic inflammation is situated at the inner, or outer-upper edge of the mamma. In scrofulous or broken down patients, a chronic condition of inflammation is likely to take possession of these glands, or they may be filled with albuminous accretions and undergo indolent changes, which might lead the inexperienced to fear malignant disease. I have a patient which has a deep lymphatic tumor in the breast on the axillary margin, who assures me it has been in the same condition for six years. This tumor is hard, round, regular, a little flattish, freely movable, and resembles lymphatic enlargements at the clavicle and groin, in the same patient.

They may be usually distinguished from malignant tumors when indolent and not tender from inflammation, (for malignant tumors are not sensitive in the beginning,) by being more rotoundly irregular, without the sharp outline generally characterizing malignant disease. If they are livid, they are also tender; if they involve the skin, they are tender to the touch, and the skin is inflamed, neither of these conditions obtain in malignant cases. The malignant tumors may be livid and almost insensible, it may involve the skin, attach itself to it, and not inflame it.

The lymphatic tumor is hard alike all over; if softer in one part, that part is the center. The malignant is harder in the center until nearly ready to ulcerate. When the lymphatic tumor has ulcerated, the cavity is regular, and red or pale about the edges, and secretes pus. The malignant ulcer is ragged and exceedingly irregular, in fact, sharp irregularities of edge and cavity mark peculiarly malignant ulcerations—the edges are livid, not red or pale, ichor instead of pus is pro-

duced. In the ulcerated lymphatic there is no smell ordinarily, certainly none but the smell which may arise from uncleanness; a malignant ulcer will smell in spite of us (!) and the smell is peculiar, and when once noticed, will be recognised without difficulty again. Lymphatic glands may be inflamed singly or in numbers, several being the subjects of inflammation at the same time, or only one. As I have before intimated, the disease may be chronic or acute, (indolent or active.)

Milk Abscess.

Passing to the deeper structures of the breast, we encounter inflammation of the containing portion of the mamma, the expanded milk tubes, the milk reservoirs. There are from fifteen to twenty-five of these expanded tubes, holding from two drachms to an ounce each, in the natural condition.— They are separate and distinct, each tube representing a lobe of the gland. One or more of these may inflame, ulcerate and discharge the milk, mixed with greater or less quantity of pus. Inflammation, followed by ulceration and discharge of pus and milk of these reservoirs, is alone what should be called milk abscess. Abscesses from this part of the breast do not occur singly, as a general thing; several are going on at the same time, one arriving at the ulcerated stage after another: so that we have a succession, each abscess involving one tube, and sometimes, but not often, more. They are seated under the anterior surface of the breast, mostly within an inch of the areola, and sometimes under it. In some persons the reservoirs are large, extend a considerable distance in every direction from the areola, and overlay the gland almost to the margin of the mamma. Milk abscess need not necessarily be near the central portion of the organ, although they generally are not far from the areola. They usually proceed somewhat slowly, taking longer to arrive at the suppurative stage than in superficial phlegmon. Swelling and tenderness are felt near the areola, it increases steadily until an apex is observed in the tumor, the integuments are thinned, fluctuation is observed, and rupture follows. This process requires a very different length of time under different circumstances. If the milk is secreted rapidly, the tube is distended faster; if secretion is

scanty, the advance is slower. The inflammation depends upon distension of the reservoirs by milk which cannot find its way out of the milk tubes. Retention of milk is caused by several different circumstances, which I shall have occasion to mention after awhile. I wish now to be understood as saying, that it is the essential cause of the inflammation in this form of disease. The milk is secreted, but not eliminated, from the reservoir affected; it acts as an irritant by its great accumulation, until inflammation is the result. The secreting capacity of the organ is not necessarily disturbed, and the excretion of the milk may be ready and easy through all of the tubes whose reservoirs are not affected, and we may think it is being evacuated entirely, while it is retained in one or more reservoirs by the stoppage of the nipple tubes. When evacuation, either spontaneously or by the lancet, is affected, pus and milk flow in moderate quantities at first. The pus gradually diminishes, the milk becomes more pure, until a milk fistula occurs, which lasts a greater or less length of time. Should the eliminative tube become open, and allow the milk to flow from the affected reservoir through the nipple, the adventitious opening may entirely heal, and the integrity of the part be restored; but as is most frequently the case, the fistula remains open, until the breast ceases to secrete, all the milk produced by the lobe, whence the reservoir is supplied, flowing out at the place.

Sometimes, again, after breaking and discharging, it suddenly heals up, distension recurs, and the process of ulceration and discharge is repeated.

The sympathetic symptoms are not generally so great as in some other varieties of mammary inflammations. Fever does not run so high, aching of the head, limbs, &c., do not distress the patient so much. Yet they sometimes are quite considerable, and require alleviation by appropriate remedies. The damage done to the breast by inflammation attacking these parts, is not so great as results from glandular inflammation generally, though I have known instances in which nearly all the reservoirs were destroyed, and the breast henceforth remained useless. One of the worst features of the case is derived from the persistent repetition of abscesses, wearing out

the patience of the medical attendant, and the powers of endurance of the patient. It is always complicated by disease or deficiency of the nipple. Besides this ulceration or phlegmonous inflammation of the milk reservoirs, there is another form in which blood and pus are discharged through the nipple tubes, the passage from them being free. Very few experienced physicians but what have seen this discharge of pus, blood and mucus, from the milk tubes, with tenderness and some tumefaction under the areola. It is generally considered to be an abscess discharging in this way, but it is ordinary inflammation of the lining membrane of the milk reservoirs discharging its products through the nipple. Abscesses occurring as the effect of over-distension of the reservoirs, do not give origin to those deep ungovernable sinuses that sometimes trouble us in glandular inflammation, and while there is often milk fistula following them, these close as soon as the secretion ceases, and we have no further trouble.

Several times in my life I have met with these abscesses during pregnancy, in which the accumulation of pus and milk was very great, so that when they are opened, many ounces of pus and imperfectly formed milk were discharged. Several months since I was called in consultation in a case in which the disease had began three months before labor, and when I saw her the child was two months old, and large collections of pus and milk existed, pent up in the reservoirs of impermeable tubes in both breasts, and while some of the reservoirs contained, and their tubes discharged milk, upon nursing, half of them were the subjects of perulent inflammation. Generally the inflammation which causes the evacuation of the milk and pus, checks the secretions of milk, and the patient recovers before the time for labor. This is fortunate when it occurs.—According to my experience, this is the most common of mammary abscesses; indeed I think by a large majority.

Glandular Abscesses of the Mamma.

This is the most grave of acute inflammation of the breasts occurring during lactation. I am not aware of ever having seen an instance of mastitis proper, unless caused by violence in any other than nursing women. When the inflammation takes

place early in nursing, it usually comes on about the third or fourth day. Mastitis cannot in the first few hours, be distinguished from the intense congestion which occurs at the time the secretion of the milk is first produced. In either case the woman is seized with a severe chill, in which it is not uncommon for her to shake and chatter as in violent ague. In the course of an hour, or sometimes longer, sometimes in a few minutes, the chill gives place to a violent reaction; a high fever, pain in the head, limbs, back, and often abdomen, annoy the patient. All the phenomena of severe inflammatory fever occur. When the congestion subsides into a copious effusion of milk in the cells of the gland, the fever declines, a copious perspiration appears over the whole surface, and comfort succeeds great uneasiness, and sometimes alarm.

When, however, the gland is not completely relieved by secretion, this transition from a state of febrile reaction is imperfect and the patient left with more or less of the symptoms of fever.

Simultaneous with these general symptoms there is pain, tumefaction, tension, heat and tenderness of the mamma. If the secretion is established, the breast, as the sweating stage advances, becomes soft, cool and less sensitive, until it is entirely comfortable. On the other hand, if inflammation is to succeed this congestion, some part of the organ is left in a hard tender condition. A hard lump of greater or less size continues to occupy some deep portion of the breast. Tenderness, tumefaction, heat and redness increase until inflammation is permanently fixed. Without early, energetic and appropriate treatment, the woman will lose part of the mammary gland by destructive suppuration.

In the beginning of glandular inflammation, if the part be attentively examined, the shape and position of the lump will enable us to determine the seat. It will be either deep in the central portion of the breast or in the marginal region. The tunical part is irregularly lobular depressions and elevations may be observed, nodulus, not sharp ridges. Very soon after the inflammation begins, particularly should it be advancing, this nodular feel is merged in diffuse hardness of the surrounding parts, until the whole tumor may become smoothe and

irregularly defined. Inflammation, hardness and tenderness increase for a few days, when the centre becomes slightly soft at first, growing more so until distinct fluctuation is perceived.

At this time we find a soft fluctuating locality completely margined by hardness all round. This then will be the feeling of a mammary abscess, whether acute or chronic. Glandular abscess differs from milk abscess, by being at first much deeper, having a covering of integuments &c., half an inch or more in thickness, while the milk abscess though quite hard, seems to be immediately beneath the integuments. When fluctuation is *first* perceptible in milk abscess it is shallow ; in mastitis it is deep and makes its way slowly to the surface. When pus arrives at the surface, and ulcerates through or is evacuated by the lancet, its flow is much more difficult and the evacuation less complete, relief is not so sudden and perfect. Extensive destruction takes place both in the internal portions of the organ and in the integuments. And so tortuous and irregular are the tracks of transit, in some instances toward the skin, that the pus finds its way out with so much difficulty that the sinuses are sometimes extremely difficult to heal. This state of things may last for many weeks and even months. We not unfrequently find cases in which these sinuses are numerous, tortuous and lengthly so as almost to riddle the internal of the organ, and discharge large quantities of pus, thus draining the system of the woman, inducing hectic, exhaustion and in extreme cases, death.

Often instead of beginning at the time of puerperal congestion of the mamma, mastitis shows itself late in lactation. When occurring at such times, it may spring up suddenly, inducing all the general phenomena above described, in a greater or less degree of intensity, or it may be slowly established, and not bring the system into so decided sympathy and perturbation. Yet in the latter case, as the inflammation becomes more completely established, fever is pretty certain to be manifested, its intensity being greater or less according to the extent of tissue involved, the rapidity with which it advances, and the susceptibility of the patient. The first thing noticed, perhaps, is what

the woman would call cake in the breast, of moderate, yet decided tenderness.

This consists in inflammation in one or more lobes of the mammary glands. It gets worse, the swelling becomes greater, tenderness more considerable, instead of the well defined nodular tumor, the swelling is more diffuse—other parts are involved—the areolar tissue around the gland—redness in the skin is observed, sympathetic fever sets in, and then it passes through the different grades above mentioned in the acute variety, with less intensity.

Again chronic glandular inflammation is occasionally observed. At first a deep-seated suspicious hardness is felt in the breast, with barely tenderness enough to make the woman careful about hard pressure. It is usually well defined, nodulated in shape, moveable, and the parts free from morbid color or heat. It may be of small size, only involving one lobe of the gland, or a large part of the breast. In the beginning the distinctive mark of chronic inflammation, is tenderness to decided pressure, when first perceived. As the disease advances, it may of course be recognized by more and more decided symptoms. They are not unlike those I mentioned in connection with disease of the lymphatic glands of the breast. While in very many instances the inflammation of the different parts of the mamma occur separately and may be easily distinguished, we often meet with cases in which the different parts are simultaneously or consecutively involved. Something like the following order of things may take place: Abrasions of the nipple from the act of suckling runs into ulceration, milk abscess succeeds, bursts and heals, or not; mastitis or inflammation of the gland comes next, suppuration from the deep tissues, &c. The long continuance of mammillitis is very likely to be followed by inflammation of the milk reservoirs, and when these last continue, the seat of disease for any length of time, we may look for disease of the gland. There is one or two other points with respect to diagnosis between milk abscess and glandular, that I deem it best to speak of here. When the reservoirs are the seat of abscess, the milk is retained partially,

or wholly, and is evacuated with pus when the abscess is opened.

In glandular inflammation milk is suppressed more or less perfectly, owing to the amount of tissue involved.

Causes of Mammary Inflammation.

As I have intimated, the pregnant puerperal and suckling conditions of women may be regarded as predispositions to mammary abscess. Women are much more liable to them when in these conditions than at any other time. Hence it would not be improper to say that these states of the system are predisposing causes of mastitis and its associate inflammation. The physiological congestion preceding and accompanying the commencement of lactation, very frequently is carried too far, and merges into pathological congestion, and this again into inflammation. When inflammation arises from this cause, it will almost invariably be mastitis or glandular inflammation. This sort of congestion may occur later, but usually it is in the puerperal condition. Another sort of congestion which often runs into inflammation of the glands is brought about by sexual intercourse in very excitable nursing women. I think I have known several instances of this kind. Other passions as anger, may be succeeded by like results. Vascular excitement from stimulants will endanger the breasts in puerperal women also. External causes may give origin to similar sorts of inflammation, as bruises from blows, tight lacing, stays of whalebone, &c. These last (45) are productive of a good many cases. Not unfrequently our patient gets up well from the effects of labor, and the first time she dresses to go out, pinches her excitable gland with lace strings, or punches it with the end of a piece of whalebone during the whole of her round of fashionable calls, and comes home with the breast excited to inflammation. Cold, acting partially upon the person, as the feet, the breast themselves, or even upon the general surface, repels the blood to the already blood-loaded gland, produces congestion as the first step of inflammation. Other external causes operate upon the nipple and surface of the breast, irri-

tate the skin or destroy its integrity, &c. The child often sucks off the epidermis, and by thus abrading the nipple, ulceration is brought about.

Allowing milk or saliva to remain in contact with the delicate skin of the nipple or areola long enough to undergo decomposition, too often is the cause of ulceration, more especially when the saliva of the child is rendered poisonous by the existence of aphthous incrustation upon the tongue, gums, and roof of the mouth. The cracks so often found upon the nipples, I think is almost invariably produced by the habit of allowing the fluids deposited upon the delicate skin to slowly evaporate, and thus carry off, or otherwise neutralize the sebaceous unction of these parts, which is intended to keep the cuticle pliant and soft.

There is a class of causes which I am disposed to call pathological, very prolific of grave mammary diseases. One affection may act in producing another. Thus, ulceration of the nipple prevents proper efforts to draw the milk from the reservoirs; they become distended to a degree that causes inflammation, or the ulceration on the top of the nipple, by the swelling it causes in the inter-tubular tissue, lessens the diameter of the tubes, or entirely closes up their mouths, so that milk cannot find its way out or be drawn, accumulation results, and inflammation follows. Cracks, of course, will do the same; or, again, the inflammation originating on the nipple, may creep down the lining membrane of the milk tubes into the reservoirs, or even farther, through the ramification of the radicles of these ducts, to the substance of the gland itself. In either of these localities, suppurative inflammation may arise, and proceed through all its most aggravated forms. Contiguity of inflamed parts, may awaken inflammation in other parts. Integumentary inflammation, may extend to the reservoirs or glands, by spreading from one tissue to another. There can be but little doubt that acute, and in most cases, chronic inflammation of the lymphatic glands, is generally secondary to inflammation and ulceration of the nipple and areola. It would probably be too strong an assertion to make, to say that inflammation of the lymphatic glands, always has

its origin in this way ; for in cases of strong predisposition to this disease—and there are numerous instances of that kind—it would probably arise without much cause of excitement. Certainly, I cannot be mistaken in supposing that I have seen several such cases.

Anatomical causes of inflammation of the breast exist to a great extent. They are sometimes congenital and hereditary, but I think for the most part brought about by improper dressing. The flat, undeveloped, or retarded nipple, is one form of anatomical peculiarity which prevents the perfect performance of suckling, as is represented in figure 1, in the plate. The retention of milk will lead to milk abscess. Nursing is impracticable in this breast. Fig. 2 represents a breast with a very broad but extremely short nipple, entirely too large for a child's mouth, and so short as to add to the difficulty of prehension. Fig. 3 represents a breast with scarcely a trace of the peculiar warty tissue, like nipple, and is simply pouched slightly where the nipple ought to be. A very small nipple, where the milk tubes seem to be bound in such a contracted bundle, as not to allow free egress to the milk, is represented in figure 4.—These four specimens of nipples which we often meet with, are almost impracticable. The first and third, quite so ; and the second and fourth, so difficult, that we are generally driven to the necessity of abandoning it, after the best directed efforts to make the breast available. The danger to breasts furnished with such nipples, is that the milk will not be properly evacuated, and that milk abscess will result. In fig. 5 we have a nipple large enough to be easily apprehended, and drawn by the child, but it is too constricted at the base. The milk tubes upon entering it, turn too acute an angle, a little swelling of the sub-areolar tissue from retention of the milk, will stop them entirely up, so that the milk will not pass out. In order the better to illustrate what I mean, I add a sectional view of this kind of breast and nipple. At *a* the milk reservoirs may be seen contracting at the nipple, forming the milk tubes, which turns abruptly upward, and even a little outward. This will be made still plainer by giving what I call a model breast and nipple, fig. 6. It speaks for itself. The nipple is slightly

conical, the base being larger than the apex. I add also a sectional view of this breast. As will be seen, the milk tubes are free from pressure every where. Their entrance into the nipple, is by a slight curve instead of angular turn. The milk will flow spontaneously from this kind of breast, and there can be no accumulation in the reservoirs. In nipples represented by fig. 5, the danger is, that milk, saliva and mucus, will collect in the groove around the base, decompose, and thus induce mammillitis with its attendants and consequences.— This could not well occur in the case of fig. 6. There is no lodging place, the nipple would be wiped clean of all these accumulations by the mouth, and return of the breast inside the clothing of the mother. The shape of the mamma may predispose it to disease, but not in so striking a manner. The more conical a breast the better. A flat sessile mamma is more likely to inflame. Although the above mentioned varieties of nipples are not the only ones predisposing to mammary abscess, yet by drawing the attention of the profession to the subject, thus distinctly, it is believed there will be no difficulty in recognizing adverse anatomical peculiarities whenever they do occur.

It might be appropriate to examine into the cause of these anatomical differences, in the shape of this interesting organ, but the length of my paper will not allow me to indulge in this direction. Like all other formations, the nipple would doubtless differ under the same circumstances in different persons, naturally, but I think there is no doubt, much of the deficiency is produced by tight lacing, and the pressure made directly upon the nipple, for a series of years during its development.

More regard in dressing, as well as education, is bestowed upon fitting the young lady to get married, than to perform her functions properly, after getting married.

Treatment.

I can better give my views of the treatment of the affections above described, by observing the same general division with reference to the application of the processes of cure. Inflam-

mation of the nipple will come up in this order of the arrangements for consideration, first. Our means of cure for mammillitis should be arranged under three different heads, as follows: Prophylactic, palliative and curative. The first have for their object the preparation of the nipple for the trials through which it has to pass, at the time of nursing. As has been seen, the causes operating upon it produce abrasions or chaps, and their action is greatly facilitated by the natural and acquired tenderness of the structure, particularly the epidermis and skin. The prophylactic means to be used are such as harden these. As elsewhere, so in the nipple, the skin becomes tough and the epidermic scales abundant and adherent, upon exposure to air and friction. The contrary condition will obtain—tenderness, &c.,—from pressure and covering, with impermeable or large quantities of goods. In this condition it is protected by extraneous covering, and hence does not furnish its own proper defence. The epidermis will be thin and light, and the skin tender. The nipple, therefore, should be covered lightly during pregnancy and nursing. The thinner and more permeable the covering, the better. It should be of such a character as freely to admit the air. At the same time, it should be subjected pretty constantly to moderately rough friction.

An excellent dressing for the nipple for the last two months, is a rough coarse sponge, so cut as to cover the areola, surround and cover loosely, but touch every part of the nipple. Over this there should be but one thin thickness of goods, so as to allow of the evaporation of fluids as fast as secreted, and the free admission of atmospheric air. In cold weather, when going out, the breast of course would be covered by all the over-clothing that are used for the protection of other portions of the person. It is a great mistake to cover these important organs—important on account of their usefulness instead of their beauty—so thickly as they usually are; they bear exposure with great impunity. When we wish to harden the nipples, we should bear in mind the circumstances which harden our hands, and make use of them; we should equally avoid the circumstances that soften our hands. When a lady

wishes to soften and whiten her pretty little hands, she wears kid gloves, and does not allow them to touch hard substances. In a like manner she may soften her nipples, if she should wish to do so. To occasionally moisten them with water and allow it to evaporate slowly on exposure to air, is a good expedient; friction with a dry towel or the fingers, will assist in the process of hardening. It is a matter of great question, whether the various washes used to harden the nipples, are not injurious instead of beneficial. They generally exert a chemical as well as physiological effect, while this last is all that is desired. During lactation, the same exposure to air and lightness of covering should be observed, and after nursing, the nipple should be wiped clean and dry before being returned under the clothing. This is a rule that should never be neglected. Those who have observed the effect of allowing the udder of a cow to dry spontaneously after the calf is taken from her, will understand the importance of attending to this matter. It will be all the better to use a little glycerine or very fine olive oil after they are dried each time, particularly if we have reason to apprehend danger of chaps or cracks. Such prophylactic measures will very generally enable us to avoid the occurrence of distressing chaps or cracks. When, however, the nipple becomes inflamed, these are not sufficient to satisfy the demands of the case, and we must resort to palliative and curative measures, and first of the palliative. As the nipple must be used in order to preserve the function of the breast, and as every time the child sucks, the healing processes that have begun must be more or less interrupted, it becomes important to procure such means as will preserve the breast from the effect of these interruptions as much as possible. The chaps and abrasions that occur, and give rise to inflammation and ulceration, may be located anywhere upon the nipple, at its summit, sides or base, and when the child nurses, the tongue and labia embrace it so closely, that none of these places escape. The artificial means used to palliate the effect of sucking, intervene between the mouth of the child and the nipple, and should be selected with special reference to each case. The shield of ivory or brittania answers very well when

properly managed. They are made in the form of a conical hat, having a rim, a crown cavity, with a draught tube rising out of the top for the milk to flow through. Now, having in mind that these three parts must vary in length and size for different shaped nipples, and cases in which the locality of the abrasions or chaps are different, we will have no trouble in making a profitable selection. The rim should be large enough to cover the areola, the crown or nipple cavity large enough to pass over the nipple, merely touching it on the sides. These things should be observed in all cases. The depth of the nipple cavity is a matter of the greatest importance. If the abrasions or chaps are on the summit of the nipple, it should be so deep, that when drawn, the top of the organ will not touch, or else it will cause pain. There should be no pressure on the top. But if the cracks or abrasions are on the sides, or at the base of the nipple, then the cavity of the shield must be shallow, so that the top of the nipple touches its bottom in such manner as to prevent stretching the organ, and bring the pressure on the top altogether. In this latter case, the bottom of the cavity should be smooth as possible, and correspond in shape to the summit of the nipple, in order to prevent unequal pressure. The shield, of proper shape, size, &c., will afford great relief to the patient, and prevent very much the disturbance to the healing nipple. It is not a matter of indifference either, what material we use as an envelope for the shield.—Gum elastic or cow-tets, are always clumsy, and easily become foul or hard, and sometimes taste in spite of our best efforts. Now, I cannot avoid the conviction that a soft linen rag properly adjusted over the draught tube, is better and cleaner than any other envelope. It has the advantage of being cheap and always at hand so abundant, that it may be replaced by a new one after each operation of sucking.

But a very ingenious contrivance is mentioned by M. Legroux, which I will describe:

R. Collodion, 100 parts xxx.

Ol. Ricini, " ss.

Ol. Terebinth, " iss.

Mix. This is a fluid mixture which is quite adhesive, and dries less quickly than collodion. It is applied upon the

areola with a brush, so as to encircle—but not touch the nipple—the width of an inch. While yet soft, the nipple is covered by gold beater's skin, and pressed well down around it upon the mixture. The skin adheres to the adhesive material, and thus forms perfect, smooth and pliant covering to the nipple. All that remains to finish, is to prick several holes through the gold beater's skin with a needle, to let the milk through. This has the advantage of not changing the shape, size and feel of the nipple to the mouth of the child, so that it sucks more readily than it would an artificial nipple made with a common shield. But while this is the case, it allows the pressure of the lips upon the nipple at every point, and only partially relieves the mother from the pain.

In the most of cases, I would rely more upon the judicious selection and management of a shield, than this contrivance, ingenious and neat as it is. This may be imitated by other adhesive mixtures and tissues. Before sucking, the gold beater's skin must be moistened with a little sugar and milk. Much of the suffering under nursing, while the nipple is raw from chaps, abrasions or ulcerations, may be avoided by being drawn by the mouth of an adult, so shaping the vacuity produced for the purpose of drawing, as not to touch the sore part. If the lips are so placed around the nipple as to press upon the areola, and not touch the nipple more than very gently—and I am sure this is practicable by any intelligent adult who will make a persevering trial—the draught can be accomplished with comparatively little pain. Violent action should not be used, a gentle but constant pressure with the lips on the areola, with persevering but very gentle draught, will usually suffice, and powerful suction is sure to aggravate the cause of the retention of milk. I have often sat down, and by encircling the nipple with my fingers without touching it, and pressing upon the areola, caused the milk to flow freely, when with great difficulty it could be drawn out. In thinking upon this subject, we should remember that it is the pressure of the atmosphere upon the outside of the breast, combined with the elasticity of the integuments and coats of the milk reservoirs, that urges the milk forward through the nipple into the vacuum caused by excluding it from around the top of the nipple. The vacuum

will not be necessary, if the pressure can be made with sufficient firmness without injury of the part. Why may not some ingenious individual invent a milking apparatus of gum elastic, that by pressing upon the areola and front of the breast, without causing a vacuum on the nipple? This would often save a great deal of trouble and suffering to our lady patients. In thus viewing and treating the subject, we would push the milk out, instead of, as we upon a superficial look at the matter, suppose, pull it out.

The above palliative means do not enable us to *avoid* the causes of inflammation of the nipple; but by their use, we may render the operation of them less mischievous, which is often sufficient in favorable cases to effect a cure. In considering the curative remedies for sore nipples, I must protest against the simplicity with which we use the word, and think of sore nipples. We speak and think of it as though there was no variety of sore nipples. The same treatment is not applicable to abrasions, that is to chaps or cracks, nor to ulceration, nor to all the conditions of ulceration. Nature tries to cure cuticular abrasions by an effusion upon the naked surface of a viscid albuminous layer, thus defending the delicate tissue from contact with atmospheric air, or other irritating substances, and if this is allowed to remain undisturbed, it will, as it falls from the place, leave a well-formed delicate cuticle. And I think the nearer we imitate nature in this respect, the more good we will do. We may use starch or mucilage to cover the abrasions, but any astringent or stimulant application is inadmissible. Abrasions, however, do not last long without becoming ulceration, and the treatment may be different. When there are numerous fine chaps covering a large surface of the nipple, or when single, if very shallow, the treatment for abrasions will usually answer every purpose.—Ointments of a mild unirritating, or even a soothing quality, are probably more applicable than in abrasions. The following is a very good one:

R	Cerat. Alb.	℥ ii.
	Ol. Amyg. Dule,	℥ i.
	Mel. Desp.	℥ ss.

Mix. Dissolve with gentle heat, and add Bals. Canad 3 iiss.

This should be applied every time after nursing. When the cracks are deep, it is indispensable to quick cure that they should be closed up, and kept so until complete adhesion of their sides takes place. This may usually be done with great facility in the following manner; viz: Press the nipple in such a way as to close the crack, and while thus holding it, apply a thick layer of collodion over the surface. We should apply the layer thickly, and have it extend some distance in every direction, so that it will keep the crack together. The collodion is not easily sucked off by the child, and if the nipple shield be used, it need not be disturbed at all until completely healed. We should watch the coat of collodion, and remove it when it seems to be becoming deficient by violence of nursing. In most cases this covering, if kept up inviolable for a week, will suffice to complete a cure if suppuration is not going on in the chapped place. If this is the case, and the surface becomes an ulcerated one, it will fill up by granulation alone, and falls into the category of ulcerations. In this part of the body, ulceration does not differ from the conditions it assumes in other places, and it cannot be expected that I should dwell upon every variety that may occur. General principles must guide us here as elsewhere. There are two conditions, however, one of which is apt to obtain a prominence and give character to this ulcer, acute and chronic; in either of these conditions the ulcer may be exceedingly irritable to touch, and painful, and in the latter, indolent and atonic. The acute variety is apt to be attended with considerable heat, tumefaction, color and tenderness. These conditions should be removed by depletion, as by leeches, one or two will generally do, cold emollient poultices, large enough for the nipple alone, and removed as often as they become warm. Or we may envelope the nipple in a thin layer of thick mucilage, covered by oil silk, so as neatly to fit the organ, kept cold by ice applied in a minute bladder or india rubber bag, or we may wrap the ice in oil silk. In whatever envelope it is used, it should not extend beyond the inflamed part, and should be separated from it by a thin layer of cotton wool, or something of that kind.

When such remedies are not necessary because of the non-existence of these symptoms, we should content ourselves in the very early stages of ulceration with similar mucilagenous and bland ointment applications as in abrasions, but as the process goes on, and the acute symptoms entirely subside, astringents become useful, and these will vary in character and strength according to indications of atony and flabbiness, &c. Alum and tannin are excellent applications at first, but will have very little effect after it has continued for any great length of time. Sulphate of zinc and borax will come next in respect to time. One scruple of tannin to one ounce of rose water, five grains of alum, the same quantity of sulph. zinc, are all good in the earliest stages of ulceration of the nipples, when the more acute symptoms have subsided. The following formulæ are often very useful.

℞ Glycerine, ʒ ii.
Soda Subboras, ʒ ss.
Aquae Rosae, ʒ iss.

Mix. Use as a wash each time after sucking. Or,

℞ Soda Subboras, ʒ ii.
Cretae prep, ʒ j.
Spts. Vini,
Aquae Rosae, aa. ʒ iij.

Mix and dissolve. This last may be used when the ulcer is becoming somewhat indolent. Tinct. Kino, Tinct. Nut Galls, and in fact, almost every astringent has been used in these ulcers. In chronic ulcers, still stronger astringents or stimulants will become necessary in conjunction with other remedies. A skillful use of the Suph. Cupri, and Nit. Argent, will do a great deal to heal up and shorten the course of these chronic ulcers. The Nitrate has done the most good in my hands. It should be applied in substance to the surface of the ulcer, and never be used oftener than once in eight days, when a second application becomes necessary. Between times, the ulcer may be dressed with some of the milder astringents, alum or tannin, for instance, in solution. In the irritable variety, some narcotic extract should be made into ointment: Belladonna, hyosciamus, Opium, &c. An excellent expedient, and one that will often entirely change the character of these

ulcers, is to anæsthetize the part with ice, as is directed to be done on a part before the performance of an operation.

We are very apt after we begin to use curative measures, to neglect the palliation. This is a great mistake, for they can have but little good influence, while the causes are allowed to act with all the power that is necessary to produce the disease. We cannot attach too much importance to the measures of palliation.

Treatment of Inflammation of Lymphatic Glands.—The causes of lymphatic inflammation should receive our attention first, as the abraded or ulcerated nipples, inflamed areola or integuments of the breast, or when chronic, the constitutional condition in addition to the local excitements. When acute, they will require in addition, the antiphlogistic measures adopted in other inflammations, leeches, cooling lotions, fomentations, cathartics, &c. When chronic, alteratives, iodine tonics, liniments, irritants, &c., which will be adapted, by every physician according to his own judgement, to the peculiarities of his case. If we are accurate in our diagnosis, and separate this affection from those of the deeper seated structures, there will be no great difficulty in adjusting the treatment of it.

The treatment of milk abscess, is one, however, of greater importance, because of its frequent occurrence and destructive effects. The remedies naturally range themselves into preventive and curative. The prevention has reference to the management of the anatomical and pathological conditions of the nipple, which prevents the free elimination of the milk. Of the latter, I have written quite as extensively as the limits of this paper will allow. Can we change the anatomical deficiencies or depraved shape of the nipple, of congenital or acquired origin? It is a matter of the utmost importance to the health and happiness of the patient, that this question should be decided promptly and properly. Much will depend upon, whether our attention was drawn to the case early in pregnancy, or not until the time of labor, or even afterwards, as to the probability of success in many cases. In other cases,

we can decide the nipple to be impracticable from the first sight, at whatever time we examine it, and I would insist upon the impropriety of compelling a woman to pass through the terrible pain and exhaustion, which attend these cases where the nipple, for instance, is entirely wanting, and prehension impossible, as represented in fig. 1. If our attention be not drawn to the nipple until after labor, and the functions of the breast are required, we ought not to hesitate to decide against nursing, or attempting it. And so far as I am concerned, individually, I would advise against the endeavors to use the breast, represented by fig. 1, if I was aware of its conditions at the beginning of pregnancy. Fortunately this deficiency is rare. When there is an approximation to this, but not complete absence or depression of nipple, the breasts shaped like figs. 2 and 3, much may be done toward rendering them useful, provided our efforts are judicious, and sufficiently prolonged. They should be commenced as soon as pregnancy is known to have taken place; and if in the state of society it were practicable, the prospect of success would be much better, could we have the management of our patients as soon as menstruation began. If mothers were well instructed in such matters, and would carefully attend to it, the probability is, that almost no cases of anatomical unfitness for nursing, would present themselves.

Nipples, represented in Nos. 2, 3 and 4, if not observed by the practitioner, until after parturition, will be almost certain to give us trouble, and in 2 and 3, we will be scarcely able to prevent extensive milk abscesses. The first, and most important principle, is to take perpendicular pressure entirely off the top of the nipple, and this would probably be sufficient to prevent the difficulty, if complete. This little projection on account of the fashions of female dress, is kept constantly pressed back into the soft yielding mammary tissues, until it becomes hopelessly imbedded into them. Now, what we want, is to counteract, and remedy the effect of this mischievous habit. Quite a number of devices have been resorted to, for the purpose of starting the nipple forward from its embeded condition. They have for their object, as a general thing, the

production of counter pressure around the nipples, upon the areola, and central portion of the breast, in such manner as to press the central tissues beneath the nipple, and thus cause it to protrude. If this object can be effected by such gentle means, continued for a sufficient length of time before the birth of the child, as to make it a permanent state of this organ, the treatment will be effected. The misfortune is, we can seldom get the important desideratum (time,) and we are under the necessity of beginning our treatment, often too late to effect anything. When called upon to remodel a nipple before, or during pregnancy, we may make use of a shield of stiff silver, or iron wire, large enough to embrace, and actually pit the anterior surface of the breast, with a cap-like projection from its center, into which the nipple may project. There may be some soft substance, very thin cotton or wool, to protect the surface from the wire placed immediately beneath it. This should be worn for months under the dress, and receive all the pressure from it, and distribute it over the front of the mamma, and protect the nipple from any pressure. Such a shield is far better than ivory, wood, india rubber, or any other impermeable substance, as it does not interfere with the transpiratory functions of the skin, or the secretion of the areolar follicles, and glandula.

When we are not called upon to treat these rudimentary nipples, until the time of, or after parturition, such treatment will not avail.

The effect must be brought about more promptly, on account of the necessity for immediate use. In many cases the nipple can be made available by temporarily inducing its erection by simple titillation with the finger, moving it gently around it, and then immediately applying the child. An excellent way of erecting the nipple, when there is considerable depression, is to place a thick layer of collodion around it on the areola. When this dries and contracts, the nipple will be elevated quite prominently. The child should then be placed to the breast, and allowed to nurse.

When the nipple is protruded in some of these ways, the milk may usually be drawn, so as to, more or less, completely

empty the reservoirs. This will prevent milk abscess, very generally. When inflammation of the reservoirs has fairly begun, it will be exceedingly difficult to prevent suppuration. The curative means consist in thoroughly evacuating and keeping empty this set of vessels. Several modes of doing this, have been recommended—such as drawing with a glass tube, shaped like a pipe. Various shapes of breast tubes, and pumps are in use, but I must object to *all* of *these*. It is a very easy matter to injure the delicate tissues of the breasts, by the hard rim of these instruments, and I think the accident often happens.

A puppy is often brought into requisition for this purpose, but is rough, and sometimes irritates the nipple and even sucks the skin off it. The only proper thing for drawing the milk is the mouth, and when these reservoirs are inflamed, it should be the mouth of an adult, who can vary the pressure or force to suit the tenderness of the part. Another very useful class of measures are those intended to suppress the secretion of the milk, and thus relieve the reservoirs from the distension. The narcotic substances taken internally or applied externally to the breast, do a great deal towards stopping the secretion of the milk. Opium in large doses, so as to keep the patient very thoroughly under its influence, aids very much in arresting the secretion of milk. Applied externally in ointments, so as to produce a decided impression upon the system, has a similar effect; but belladonna seems to have acquired most renown for this purpose. Mr. Richard Marley reported forty cases to the Obstetrical Society of London, treated successfully by inunction of belladonna. Dr. Tanner corroborates Mr. Marley's conclusions by his own experience. American physicians testify in favor of belladonna, by furnishing to medical periodicals a great many favorable cases within the last two or three years. It should be remembered that many of the extracts sold in the shops, if not entirely inert, are at least much below the standard in strength. Our opinion of the efficacy of these, of course, will vary from this circumstance, and hence, doubtless the discrepancy in the testimony of different observers in regard to the use of belladonna, for the purpose of suppressing the secretion of milk. The inunction of ointment made with the extract,

should be carried to a sufficient extent to produce some of its characteristic effects upon the system. Its use should be as profuse as the system will well bear. Cold, as a local application in cases of milk abscess, has several good effects. It anæsthetizes the part, rendering the patient more comfortable, it decreases the secretion, constricts the reservoirs of milk, and allays excitement in the capillary circulation. In supplying cold to the breast, the temperature should be about forty or forty-five degrees, and kept as steadily at that as possible. Water of that temperature might be kept running through an india rubber bag enveloping the organ. A bladder partly filled with ice and water, with a piece of flannel between it and the skin, would also do very well. When we do not desire to promote secretion of milk, cold may be used. I do not believe there is any danger from it while its application is confined to the part affected, and its bad effects are usually produced by wetting the clothing, or allowing it to get applied to other parts of the person. I cannot express with sufficient force, the evil effects which the prejudices of a former age in medicine, have fastened upon the minds of at least a part of the public, in the practice of keeping the breasts wrapped in thick layers of cotton or lamb's wool. It is promotive of the secretion of milk by drawing blood to the gland, and thus keeps up the state of things we desire to avoid. For internal treatment, a saline cathartic every other day, and two grains of Iodide of Potassium every four hours, may be relied upon as materially aiding the other treatment. In this affection, anti-phlogistic treatment is merely auxillary, and should not be pushed to an extent usually considered necessary in other inflammatory affections. In this case, over distension is the cause of the inflammation, and its removal in the early stages is generally sufficient to cure.

Acute inflammation of the glands of the breast, when it occurs as the effect of congestion immediately preceding the secretion of milk, is apt to be very extensive, sometimes involving the whole of the gland, and will require energetic treatment. For the first few hours, we should try warm fomentations with the hope of establishing the secretion. This probably would be unavailing if actual inflammation had be-

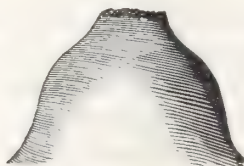
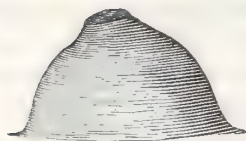
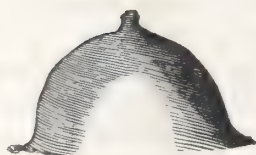
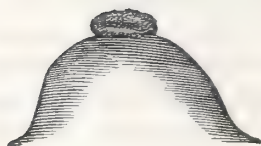
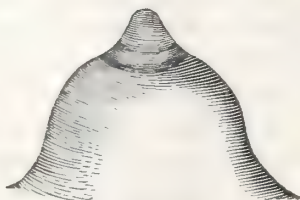
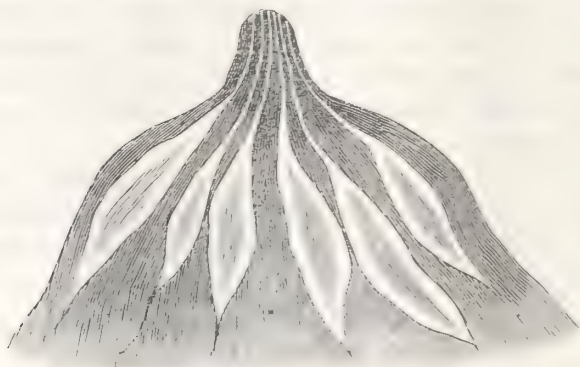
gun; but we cannot always determine the point when this intense congestion passes into inflammation, and hence we are justified, I think, in making the effort. If the patient is robust, and theomentations fail wholly or partially to bring relief, a decided venesection will often turn the balance in favor of resolution. When we bleed, the object should be to produce a decided impression: and in order to do this, the patient should be in a sitting posture, and the blood allowed to run until the pulse is affected and syncope approaches. I have so much faith in *verat. viride* in combating inflammation, that I should begin its use immediately after v. s., and if the patient is strong, give it in six drop doses every four hours until the pulse is brought down to sixty in the minute, and then by administering it in decreased doses, keep it as nearly at that as possible. One grain of calomel with a quarter of a grain of sulph. morph., may be given occasionally, if the pain is urgent, every four or six hours. This kind of promptitude and energy of treatment, will frequently arrest the inflammation and bring about resolution. And when we remember the amount of suffering and damage it may prevent, nothing should deter us at least from urging our patient to accept the treatment.—Should this not be sufficient, it is an important question whether depletion can be carried further. One good full general bleeding, if followed by *veratrum*, will be sufficient generally; but sometimes it will be expedient to use leeches, and produce a general alterative mercurial influence. A lotion made of one part of sulph. ether to two parts of alcohol, will be a good soothing adjunct after the inflammation becomes permanent. If the inflammation begins later, the extent of disease is apt to be less, and may be confined to one lobule, or at most, a part of the gland only. In this case, a brisk cathartic of calomel, aided by some saline, leeches to the part, followed by cold lotions, *tinc. verat. viride*, or solution of tart. ant., given at intervals, in proper quantities, will afford us efficient treatment. If the treatment is begun early, we may expect even an interesting question as existed for a length of time, whether we

should abandon antiphlogistic means and resort to warm poultices and fomentations to promote suppuration. I think that this is not justifiable in many instances. The probability is, that if we continue our general and local antiphlogistic treatment until suppuration is clearly evident, we may limit the extent of that termination, lead to resolution in a larger part of the gland than would otherwise take place, and thus save much of the glandular tissue. When the *whole gland* is inflamed, there is no necessity, in fact I think it injurious to institute and continue strenuous efforts to draw the breast. There is little or no secretion, and when a part of the gland only is inflamed, and milk is produced by the rest of it, it is questionable whether anything but the most moderate means for this purpose are admissible. Retained milk is not the cause of inflammation in this case as in milk abscess. Very frequently glandular inflammation is complicated with inflammation of the reservoirs; then we must combine our treatment to suit the case, local and general antiphlogistic, with means to arrest the secretion and empty the reservoirs of the milk already contained in them.—Chronic inflammation of the gland will be cured by much the same treatment successful in other glandular inflammations of this grade; leeches, mercurials, iodine and vegetable alteratives perseveringly administered internally, and locally applied. Much reliance can be placed upon well regulated and graduated pressure, with adhesive straps pressing the part diseased, against the ribs; or collodion encasing the breast thoroughly. When suppuration has taken place, what are the indications to be relied upon to justify us in evacuating it? There can be no doubt, I think, that the earlier the matter is let out the better for several reasons. The cavity becomes larger by allowing it to remain, it burrows through the surrounding tissues; the longer it remains, the greater the amount and duration of the irritative fever that accompanies its retention. But notwithstanding the desirableness of getting rid of the pus, we should hesitate to cut through uncondensed tissue to any extent. In cases where the inflammation and suppuration are deep in the gland, it is desirable to wait until the pressure from within has lasted long enough, and in a suffi-

cient degree to cause the condensation of the tissue. Otherwise, it will require a very large opening to allow a free discharge. I think we should not lance the part until fluctuation is quite evident, and the pus has made its way to the fascia or integuments. It is never desirable to cut through any part of the uninjured gland or milk ducts, and altogether, I should feel more inclined to allow it to approach the integuments very closely before cutting.

In the case of milk abscess, the earlier the opening is made, the better. As soon as it is evident that suppuration is inevitable, the opening may be made. The smaller the opening, to allow the escape, the better. Should the disease still exist that caused the retention, the opening should be preserved. Often the evacuation of one or two reservoirs will suffice, and the rest will continue to discharge through the nipple. The effect of suppuration, and evacuation of a milk reservoir, is often to entirely destroy its cavity, but in other instances, it continues to discharge through the artificial opening, and a milk fistula remains. This may be closed by an occasional application of the nitrate of silver in pencil. Worse than these are the tortuous lacuna, that sometimes result from the deep glandular abscess of the breast. They are generally difficult to cure. Injection of iodine, is the remedy most relied upon for these troublesome sequences to suppuration. The most effective way to inject, is to insert a soft flexible catheter, if possible, to the bottom of the twisted canal, and throw the injection through it, so as to apply it without dilution to the bottom of the pus fistula. I think this important, when practicable, because it favors the shallowing, instead of the narrowing of the cavity.

Of course it is never advisable to slit up these obstinate puriferous ducts in the breast, as it sometimes is in other parts of the body, because, of the amount of tissue that might be damaged, which it is desirable to save.

*(Fig. 1.)**(Fig. 2.)**(Fig. 3.)**(Fig. 4.)**(Fig. 5.)**(Fig. 6.)**(Fig. 6.) Interior view,*



(Fig. 1.) Interior view.



(Fig. 5.) Interior view.

NOTES OF SURGICAL CASES.

By E. ANDREWS, M. D.,
Prof. of Surgery in Medical Department Lind University.

Talipes Varus and Valgus in the same patient. Operation and Cure at twenty-five years of age.—Mr. L——, of Southern Indiana, aged twenty-five years, called upon me with the view of having a leg amputated, on account of a very bad talipes varus which rendered the limb a burden to him. On examination and inquiry into his case, I found it as follows :

When an infant, the left foot was sound, but he had some disease in the right foot which caused it to turn outward, constituting a case of talipes valgus. As it was never straightened, he grew up walking upon the inner side of the foot, and the end of the malleolus. On examination, I found the member of good shape, but small and illy nourished. The peronei muscles were contracted, and kept the foot in its faulty position. No trace of the tendo achillis could be found, and the muscles of the calf were atrophied. On the whole, it did not seem a difficult thing to rectify the position, though the feebleness of nutrition, and the absence of the tendo achillis gave no hope of a completely perfect limb. The left foot was vigorously nourished, but much more out of position. It was turned inward, in the position of varus, so far, that in walking the sole presented obliquely upward, and the bones were so altered in shape, as to render a complete restoration of the form impossible. The patient stated, that this foot was reduced to its present condition by an accident, which dislocated the ankle when he was a boy, and for some unaccountable reason, the dislocation was not reduced. For this foot he simply desired amputation. After a careful examination, I decided upon attempting a restoration of both feet to the natural position.

Commencing with the left, as being the worst, I severed the tendo achillis and the tendon of the tibialis anticus. Upon endeavoring to straighten the foot, it was found that no amount of force would accomplish it. I therefore made a crucial

incision over the external malleolus, and with the saw, resected the ankle joint, removing the lower extremity of the tibia and fibula, and upper part of the astragalus, the whole constituting a wedge shaped mass. The foot was then brought easily around with the plantar surface in its proper position.

On the third day the wound was attacked with erysipelas, which extended to the whole foot, producing several abscesses, and two sloughs. For this, the patient was treated vigorously with tinct. iodine, and ice externally, and mur. tr. iron, every two hours internally. After a few days the erysipelas was subdued, but the ulcerations consequent upon it, were very slow in healing. There was no necrosis. The correct position of the foot was maintained, and long union took place between the astragalus and tibia. At the present time, the last remnants of ulceration are healing slowly, and the foot, though short and *clumpy* in form, will make a very respectable appearance.

Some weeks after the first operation, I proceeded to straighten the right foot, which was affected by valgus. In this case there was much less difficulty. The patient being put as before, under the influence of chloroform and ether. I severed the tendons of the three peronei muscles, and the external lateral ligament of the ankle; then seizing the heel, I forced the member into its proper position. The pressure of the splints and dressings, necessary to maintain the position, was poorly borne by the enfeebled tissues, and several ulcerations occurred, nevertheless, the result was a success, and the position of the foot is now correct, and its form perfect.

Cataract.—Operation by Solution.—James ———, aged ten years, appeared at Mercy Hospital with cataract of both eyes. As the retina appeared perfect, the patient being able with ease to point out the position of conspicuous objects, I decided to operate. I chose the method by solution. Having dilated the pupil with solution of sulphate of atropine, and anaesthetized the patient, I introduced a cataract needle at the lower part of the cornea, and lacerated the capsule of the crystalline lens. The opaque contents of the capsule began immediately to bulge into the anterior chamber, and the pupil

contracted to its former size. On the third day I removed the adhesive straps from the lids, and examined the eye. The contents of the capsule turned still more opaque by the action of the aqueous humour, were projecting in a columnar form into the anterior chamber. There was no inflammation. From this time forward, the case steadily progressed. And at the present time, (six weeks after the operation,) the pupil is nearly clear.

The simplicity and safety of the operation by solution, ought, I think, to commend it to more frequent performance. In the country particularly, where the general practitioner may not have all the instruments, and the experience necessary for a safe performance of extraction, he might still, in many cases, operate by solution: thus restoring the vision, and keeping his patient from being victimized by some wandering quack.

Another advantage of this operation is, that it is much safer for the eye, and may be practiced upon both of them without rashness, allowing of course, a sufficient period to intervene between the two operations.

CASE OF POISONING BY LAUDANUM.—COLD WATER TREATMENT.

By H. WARDNER, M. D.,
Demonstrator of Anatomy in Lind University.

Case 1st. Miss Marion ———, in a fit of anger swallowed an ounce of Laudanum, fortunately, in the presence of the family. Happening to pass the house at the moment, I was called in, and administered a full dose of tartarized antimony, within five minutes from the time the Laudanum was taken. A free and prompt emesis followed, expelling it entirely from the stomach. In three hours, she was as well as usual; no doubt, secretly congratulating herself upon giving her friends a fright, and escaping the slightest harm.

Case 2d. A Miss B——, of this city, in a violent fit of jealousy, drank between one and two ounces of Laudanum.

Some thirty minutes or more elapsed before I saw her. A large dose of tart. emet., was at once administered, and followed by copious draughts of warm water. Although the opium had not very perceptibly effected the brain, yet the emetic was slow to act. Upon pouring cold water on her head, a prompt action took place, and the stomach was relieved of the drug, together with an enormous supper with which she had fortified herself to meet death. There were no subsequent effect worthy of note.

Case 3d. In the fall of 1859, I was called to see a girl, who, as was afterwards ascertained, had taken an ounce of Laudanum, about six hours previous. She was found upon the bed by the family, where she stopped, who were unable to arouse her. Her appearance answered the descriptions of opium poisoning. I tried various means for arousing her, in vain, until, after thrusting pins into her hands and feet for a while, I observed some slight twitching of the muscles. She was then taken out of bed; her head held over a tub; and I poured upon the top of it, a stream of cold water from a pitcher three or four feet above her head, for nearly twenty minutes, when she drew a deep, full breath, partly opened her eyes, and shortly after vomited. I kept up the stream of cold water, till she begged me to stop. I then gave her very strong coffee, and shortly had the satisfaction of seeing my patient fully recovered, satisfied with the folly of self destruction.

Case 4th. In June last, I was called to see Miss Emily C——, who an hour previous, had taken full two ounces of Laudanum on nearly an empty stomach. Found an “apothecary doctor” with her, who had managed to keep her partly aroused. She had obstinately refused to take anything, and was said to be past swallowing. I prepared a powerful emetic, which she refused, saying indistinctly she “could not swallow it.” But *take it she must, and did.* Her obstinancy being conquered, a deep stupor came speedily on.

The cold water was then used as in case No. 3, after a little delay, emesis occurred repeatedly. For five or six hours, she was in a state more or less comatose. Cold water was poured upon her head at intervals of ten to twenty minutes, until she

was at each time aroused, so as to answer questions, and beg for mercy.

The effects of the drug at length passed away, and she recovered after a few days of illness, during which there was a strong tendency to dysentery.

This method of treating these cases, has thus proved very satisfactory. It is a means of treatment always at hand, and recommends itself to the public, as well as the profession.

PARAPHLEGIA CURED BY THE USE OF MAGNETIC ELECTRICITY.

BY DR. J. CERF, OF WHEELING, ILL.

The cause of this severe malady is sometimes in the head, though more frequently in the spinal marrow. The symptoms of this form of palsy are as variable as the causes. With some, the disease commences with slight occasional pain referable to a part of the hip, thigh or leg, and frequently behind the protuberance at the head of the femur bone. Pain is not always present; fatigue frequently induces it, and rest relieves.—Weakness and pain now manifest themselves in the muscles at the lower part of the back, or in various parts of the legs. At times, the patient cannot walk, or even stand erect, without a paroxysm of pain following, which compels him to assume a recumbent position, as the only mode of obtaining partial relief. Locomotion is performed with difficulty; the legs threaten to give away, and bend under the patient at every step. After an interval of months or years, the legs become incapable of carrying the body beyond a few yards, and sometimes the erect position cannot be maintained, while the power of moving the legs may remain, and sensation be unaffected. Generally, a wasting of the paralysed limb is apparent, while sensation may be morbidly increased. On sudden and rapid changes of weather, the patient is attacked with painful neuralgic twitches, resembling those of Tic-Douloureux. The patient lives in this state an indefinite period.

Case.—Samuel Haegi, 17 years old, a robust looking young man, plethoric and strongly built, has suffered from an attack of paralysis. On the 15th of May, 1860, this young man was brought here to my office: it took 3 to 4 men to get him from the wagon. He could not walk without being assisted by somebody. His knees gave away and bent down at every step. Sensation was entirely gone, except by hard pressure. When I placed them in warm water, they showed bluish spots on different parts of his entire limbs. The lower and upper extremities were cold and trembling. He complained of no pains—was regular in his bowels, but not so with his urine, which was scanty. None of his family, ascending and descending, have been peculiarly disposed to hereditary disease.

Treatment.—I prescribed—

R. Strychina,	Gri. .
Sulph. Acid. Arom.,	3 i.
Aque Destil.,	3 v.

Mix. 1 teaspoonful 3 times daily. Empl. Canth. 2-3 inches upon the Lumb. Vertebra, and Antim. Potass. Tart. ʒ i. Ung., Sempl., Mix. Ft., Ung., to be rubbed on the limbs every morning and evening, applying the Magnetic Electricity twice every day, and continue this treatment for two months in succession, with the exception, in place of the Antimon. oint. I use

R. Delphinia,	ʒ i.
Ung. Simpl.,	3 i.

Use as with the Antim. oint., and my patient has entirely recovered, and is now enjoying as good health as ever.

CLINICAL REPORT.

Medical Wards of Mercy Hospital. Service of Dr. N. S. Davis.

Reported by C. DUMREICHER.

The time this morning for clinical instruction, was occupied with two cases, one of Chronic Dysentery, and one of Continued Fever. Mr. ———, aged —, was admitted to the Hospital. He had been suffering from dysentery for more than a year. He had been for some time under treatment in one of the Hospitals of New Orleans, and subsequently in a

Hospital in this city with only temporary benefit. From the character of the discharge, it was probable, that the inflammation extended from the upper part of the Colon into the lower part of the Ilium. The case gave rise to a more close and careful inquiry into the different pathological conditions, constituting chronic dysentery and diarrhœa. The first and most frequent condition was stated to be simple inflammation of the mucous membrane of the intestines, causing in its more chronic form, a thickened and indurated condition of the mucous membrane, and resulting in ulceration, which attacks any part of the intestinal canal indiscriminately.

The attention of the class was called to the difference in the pathological appearances of the intestinal canal in dysentery, and in typhoid fever. It was remarked, that while in typhoid fever the ulceration is limited to the glandular structures, and involving almost always the mesenteric glands, in dysentery this ulceration extends indiscriminately to all the structures of the intestinal surface, and attacks very seldom the mesenteric glands.

As a second condition giving rise to chronic dysentery, was enumerated local ulceration of the intestinal canal, not unfrequently the sequel of typhus and typhoid fevers. In these cases, it will almost always be found, that enlargement and softening of the mesenteric glands has taken place also.

Tubercular deposit in the mucous membrane of the intestinal canal, was given as the third and most fatal condition, giving rise to dysentery. If the disease resists all rational treatment, and particularly if connected with tubercular deposits in the lungs, we may confidently predict the existence of tubercular deposits, situated in the mucous follicles of the intestines. In many of these cases the patient will not complain of any cough, or only very little; but this ought not to mislead the practitioner, as a perverted sensibility accounts sufficiently for it, while by the aid of the physical signs, auscultation and percussion, he is enabled to determine with correctness and certainty the presence of a disease of that kind. The case showed very plainly how necessary it was to understand the true pathology of these cases, to give a correct prognosis.

The history of the present case indicated that it belonged to the third of the above divisions. A careful examination proved it to be so. The space immediately beneath the clavicle, appeared to be sunken; the inspiratory murmur was short, while the expiratory was rather prolonged; the increase of the vibration of voice was strongly marked, indicating an atrophied condition of the upper part of the lung, with increased density. The condition of the blood has become considerably changed; the corpuscles are diminished in number, while the watery portion is relatively increased.

The indications for treatment, are according to the pathology given above, unmistakable. First endeavor to keep the bowels as quiet as possible, by diminishing the peristaltic action of the intestinal canal, and allaying the morbid sensitiveness of the involved parts. Second, to promote a more ready cicatrization where ulceration has taken place. Third, to improve the quality of the blood. The *nitr. silv.* was recommended in combination with opium, to accomplish the two first objects. The *sulph. of iron and copper* were mentioned for the same purpose. Acting differently, but yet designed to accomplish the same objects, were mentioned the oil of Turpentine and the gum Benzoin, given with opium prepared in the form of emulsions. The *sulph. of Iron and subnitr. of Bismuth* were alluded to as sometimes valuable for increasing digestion by invigorating the stomach.

During the two proceeding days, the patient has been taking a pill every two hours, containing *Nit. Argent* $\frac{1}{3}$ gr., and *Pulv. Opii*. 1 gr. At present this pill was directed to be continued every four hours, and alternated with a teaspoonful of the following emulsion, viz:

R	<i>Pulv. G. Benzion,</i>	3 ii.
	<i>Tinc. Opii.</i>	3 ii.
	<i>Pulv. G. Arabac,</i>	{ aa. 3 iii.
	<i>White Sugar,</i>	
	<i>Mint. Water,</i>	3 ii.

Rub together for an emulsion.

For nourishment, the patient was advised to live exclusively on Milk with Lime Water, or Milk Porridge. This course of treatment was continued for two days with considerable relief,

but at the end of that time the discharges became more frequent; and the following powder was substituted for the pill of Nit. Argent, and Opium, viz :

R	Oxide of Zinc,	3 qrs.
	Tannate Quinine,	2 qrs.
	Pulv. Opii.	1 gr.

Mix one powder.

The same nourishment was continued. After continuing these powders alternated with the emulsion three days, the discharges had become less frequent and painful, but the patient was much debilitated. The emulsion was then omitted, and the Liquor Ferri. Nitratis 15 gtts. given every four hours in its place, the powders being continued, and same nourishment as before.

This treatment has been continued until the present time, (three weeks since the patient was admitted,) and his discharges are reduced to about three in 24 hours, are more natural, and the patient has gained decidedly in flesh and strength.

Typhoid Fever.—Pulmonary Engorgement.—The second case to which our attention was called during the clinic hour, was that of a German aged about 18 years. He had been admitted into the Hospital ten days previously. At the time of admission he presented all the ordinary phenomena of an idiopathic fever. His skin was hot and dry; his face flushed with a diffused redness; his expression dull and mind gloomy; his tongue covered with a dirty white coat; sore throat; pulse 110 per minute, but not full; bowels inactive; with much dull aching pain in the head, back and limbs. All these symptoms were much diminished during each morning, constituting a well marked remission. But there was neither a well marked chill nor a sweating stage. The attention of the clinical class was directed to the case at that period of its progress, as one presenting the interesting questions of diagnosis between paroxysmal or *exacerbating* cases of continued fever, and those of true *remittent* or malarious fever. It was remarked that many cases of continued fever, during the early part of their progress, present such distinct daily exacerbations and remis-

sions, that they sometimes lead even the experienced practitioner into doubt, as to whether they are actual cases of continued fever or genuine remittents. If such cases are scanned closely, however, it will be found that the exacerbatng continued fever patient always presents a dullness of expression, a dingy suffused redness of the face, red and dry lips, obtuseness of the mental faculties, and a quick soft pulse, which is widely different from the more anxious and active expression of countenance, the bright flush on the cheeks, the acuteness of the special senses, the more full and active pulse, the more sallow hue of the skin, and more frequent billious vomiting, that generally accompanies the paroxysm of a Remittent. Although Prof. Davis remarked at the first interview that the present case would doubtless prove to be one of Typhoid Fever, yet as it was plainly exacerbatng and many practitioners thought Quinine valuable, to say the least, harmless, he would prescribe the following course of treatment.

R	Spts. Nit. Dule.,	℥ i.
	Qinet. Opii. et Camph.,	℥ i.
	Tinct. Verat. Viride,	℥ i.

Mix, and give a teaspoonful every three hours during the afternoon and evening while the febrile exacerbation continues.

R	Sulph Quinine,	12 grs.
	Pulv. Opii.,	3 grs.
	Blue Mass,	6 grs.

Mix, divide into three powders, and give one at 5, 8 and 11 o'clock, A. M., constituting the period of remission. This course was followed for three days in succession, when the active febrile exacerbations ceased, the pulse became slower, the headache ceased, and all the phenomena of fever were diminished, but at the same time the bowels began to move too frequently, the discharges being thin and brown. Both the previous prescriptions were now omitted, and the following emulsion ordered in doses of a teaspoonful, with two grains of Sulphate of Quinine added to each dose when taken.

R	Ol. Terebinth,	℥ ii.
	Tinct. Opii.,	℥ ii.
	Pulv. G. Arabac,	} aa. ̄ iii.
	White Sugar,	
	Rub together and add	
	Mint Water,	℥ ii. Mix.

This checked the intestinal discharges, and for two days the symptoms indicated a speedy convalescence. At the end of that time, however, the tongue became more dry and brown; the mind of the patient constantly wandering; the pulse quicker; the skin more dry; the bowels slightly tympanitic; and still two or three liquid brown stools in the 24 hours. There was also noticed at that time an occasional dry bronchial cough with dry bronchial rales on both sides of the chest. To counteract these symptoms the emulsion was continued, and 15 drops of chloroform given between each of the doses. The patient was also allowed to take pretty freely of a solution of chlorate of Potassa. Notwithstanding these remedies, the lungs became every day more engorged, and the breathing in consequence more noisy and difficult; the bowels continued to move three or four times a day; the hearing became dull; the delirium constant; some sub-sultus; the pulse soft and frequent; and the impulse of the heart feeble. At the suggestion of another the patient was allowed to take brandy punch freely, in addition to the other remedies, but instead of ameliorating the condition of the patient, thirty-six hours after its use was commenced, the passive engorgement of the lungs had so much increased that the patient appeared in a hopeless condition.— At this time the attention of the class was called to the patient, and the symptoms and treatment carefully reviewed. Prof. Davis expressed the opinion that the engorged condition of the lungs was altogether passive, resulting, like the delirium, the sub-sultus, and the cardiac weakness, from the failure of those elementary properties which we call susceptibility and vital affinity, and in consequence of which the blood fails to make its wonted impression on the capillaries.

English and American pathologists very generally refer this state of things to a failure of *innervation*, and hence endeavor to remedy it by the free use of Alcoholic and other diffusible stimulants. He was satisfied, however, that the failure of innervation in these cases, was not the *cause* of failure in the functions, but only a co-incident, and itself dependent on the alteration of the properties common to all the tissues, as just mentioned. A close scrutiny and rigid analysis, will enable

the practitioner to arrange all the more grave cases of typhoid and typhus fevers into four classes. The first includes those cases in which the life of the patient is endangered from direct failure of the cerebral functions; the second, those in which the most alarming symptom is feebleness of the heart's action and impulse from an early tendency to softening of its muscular structure; the third, those in which the respiratory function is seriously impaired from early and progressive engorgement of the pulmonary capillaries; and the fourth, those in which life is endangered by the continued disease and ultimate disorganizations of portions of the mucous membrane of the intestines. The results of his own experience had led him to regard the use of alcoholic stimulants as positively beneficial in the first class of cases only. On the second and fourth, they produce little or no effect, while on the third, their influence is positively injurious. And as the case before us plainly belonged to that class, he directed the brandy punch to be discontinued.

He stated that the only hope of restoring such a case as the one before us, consisted in the adoption of some remedy, or combination of remedies, that would increase the susceptibility of the nervous and muscular structures, by which the heart's action would be invigorated, the tone of the pulmonary and other capillaries improved, and the progress of passive engorgements and softening of structures arrested. For producing these effects, we were familiar with no remedies more reliable than Strychnine and Oil of Turpentine. Hence, he directed the patient to continue the use of the emulsion in doses of a fluid drachm every four hours, and gave alternated with it a teaspoonful of the following mixture :

R	Strychnine,	1 gr.
	Nitric Acid,	℥ i.
	Tinct. Opii.,	℥ ii.
	Water,	℥ ii.

Mixed. Beef-tea well salted, and milk porridge had been given the patient for nourishment, and the same was continued. At our next visit to the ward, two days after, we found all the symptoms of the patient much improved.

There were less delirium; less oppression of respiration; a fuller pulse, and less frequent evacuations from the bowels. The same remedies were continued, but the doses given at longer intervals. Three days subsequent we found the patient fairly convalescent, but very weak.

The evacuations from the bowels having become natural, the emulsion was discontinued, and the Strychnine Solution continued as a tonic three or four times a day. The patient slowly recovered his health. In reference to the use of Strychnine in continued fever, the doctor remarked, that in many cases between the fifth and fifteenth days, the impulse of the heart becomes weak, the voluntary muscles unsteady, the capillary circulation feeble, with an evident tendency to passive congestions in some of the internal viscera; and in such he had seldom failed to find the remedy strikingly beneficial. This was well illustrated in a case of Typhus, in a young woman directly from an emigrant ship in New York, which was admitted to the Hospital, and brought to the notice of the class a few weeks since.

BOOK AND PAMPHLET NOTICES.

ON THE DISEASES, INJURIES AND MALFORMATIONS OF THE RECTUM AND ANUS. WITH REMARKS ON HABITUAL CONSTIPATION. By T. J. Ashton, M. D.

Blanchard and Lee have just issued a reprint of the third Edition of this valuable work, which made its appearance during the present year in London. This edition has been carefully re-written, with such additions as the author's extended experience permits him to make, to the present time. The present edition is finely illustrated, which gives it decided preference over the former ones.

These illustrations have been re-produced in the American edition, with the characteristic fidelity of the enterprising publishers.

The volume, containing nearly three hundred pages, describes in a concise and lucid manner, the various diseases to which this portion of the body is subject, and the most successful means of palliation and cure.

It treats of irritation and itching, of inflammation and excoriation, of excrescences, contractions, fissure and neuralgia of the anus, devoting a chapter to each topic.

The causes, symptoms, complications and treatment of inflammation and ulceration of the rectum, comprise the two very valuable chapters next in order.

The subject of Hemorrhoidal affections, with a citation of some thirty cases, with the treatment and result detailed, is of special interest and afford much valuable instruction upon this particular point.

Abscesses, fistula, polypi and strictures are briefly but ably treated of; while malignant diseases of the rectum, injuries, malformation and the effects of foreign bodies, are amply noticed.

The concluding chapter upon Habitual Constipation is worthy of particular attention, and if our space permitted, we should be inclined to present it entire for the benefit of our readers. The author remarks:—"Habitual Constipation is one of the most prevalent and troublesome functional disorders to which mankind is subject. Its sympathetic effects extend to every organ of the body, and often occasion great distress and anxiety to the sufferers, leading them to apprehend the existence of the most serious organic disease. Neither can it be doubted that many of the pathological changes in structure of the viscera of the head, chest and abdomen, have their origin in functional derangement, induced either sympathetically by constipation and consequent derangement of the assimilative organs, or by retention of excrementitious matter.

"Of the sympathetic effects upon the brain and nervous system thereby induced, we have evidence during infancy and youth, in convulsive fits, chorea and other nervous affections, and in adults in the giddiness, drowsiness, headache, pains extending to various parts of the body, and that distressing mental depression denominated hypochondroasis, which not unfrequently terminates in permanent perversion of intellect or even in a more distressing manner. The sympathetic effects upon the lungs and heart are indicated by cough and palpitation. The reaction on the stomach is marked by disordered appetite, vomiting, eructations and a sense of gnawing and

sinking at the pericardium. We have evidence of the kidneys being affected in their morbid secretions, as marked by the various deposits we find in the urine.

The exhalant functions of the lungs and skin also become deranged, as indicated by the stench of the breath and perspiration; and many of the distressing and unsightly diseases of the skin, have their origin in constipation and morbid accumulations in the bowels.

Not so the genito-urinary organs escape; thus urethral, vaginal and uterine discharges and irritability of the bladder are frequently induced.

The countenance of those who are the subjects of habitual constipation is dull and heavy—the eyes lack their lustre, and the tongue is observed to be deeply colored transversely."

He proceeds to remark upon the most common causes of constipation, depending upon torpor of the color, and the means of avoiding that condition. The subjects of this affection are those whose powers of life are naturally low—in the earlier period of life, more frequently delicate females; but as age advances and the organic functions become enfeebled, we find it prevailing in either sex.

The most frequent accidental cause are sedentary habit, and a very common practice of *not attending to the first calls of nature to evacuate the bowels.*

The loss of contractility of the intestines from enormous and frequently unnoticed distention of the colon, brings as its sequence a vast train of evils.

In the treatment of habitual constipation, the author adds, "the object to be obtained is the removal of the cause: to procure fecal evacuations by the mildest and least irritating means adequate to the purpose: to restore the lost tone, and to prevent the recurrence of the torpid condition of the bowels."

The appropriate and the *injurious* agencies resorted to for the accomplishment of these purposes, are pointed out, and his judicious advice with reference to the *habits of attention to the state of the bowels*, with reference to *food exercise, occupation*, &c., will profit the practitioner and the patient. We deem it the best work of the kind which has yet been presented to the medical profession.

J. H. H.

WALSHE ON DISEASES OF THE LUNGS.

Walter Hayde Walshe, M. D., is already favorably known to the Medical profession of the United States, as well as of Great Britain, as an eminent authority on diseases of the lungs and appendages, and the present edition of his work, from the third revised and enlarged London edition, will be found a valuable accession to this branch of Pathological literature.—The work before us is much fuller and more complete than former editions; containing, besides more elaborate details of diagnosis, prognosis and treatment—points of especial interest to the student—considerations of diseases not previously mentioned.—His style is forcible, clear and concise: the instructions for inspections, and the descriptions of the various phenomena of sounds, murmurs, signs, &c., precise, graphic and unmistakable. We are tempted, however, to observe that the section on *Change of Climate* might have been profitably omitted by the American Publishers; ignoring, as it does, almost totally the existence of the North American Continent, with its almost endless variety of climatic and atmospheric conditions.

Too little attention has as yet been paid by the European, but more especially the British practitioner, to the advantages offered, even within the boundaries of the United States, for climatic treatment—advantages pre-eminent in possessing kindred customs and language, and the comforts, usages and appliances of civilization.

This, however, is of minor importance as affecting the value of the work in this country; while for exhaustive treatment of subject, soundness and reliability of dicta, and eminently readable style, terse yet lucid, it merits our hearty approval.

F. W. R.

SELECTIONS.

New York Medical and Surgical Society.—Discussion on Diphtheria.—Dr. ALLEN stated that since the last meeting he had met with another case of diphtheria, which he still had under treatment. A week ago, Thursday (June 26), a little German girl complained of a sore neck. These symptoms continued until the following Tuesday, when she experienced difficulty in swallowing. Her mother resorted to various domestic remedies, but to no purpose. The day following she was seized with a fever, which, along with the dysphagia, increased very much in severity, and I was sent for. I arrived in the afternoon about five o'clock, and found the patient very much prostrated; the pulse 130 per minute, and weak; breathing was rapid and somewhat labored, and there was considerable dysphagia present. I immediately had the child taken up, and on examining the throat, found both tonsils covered with the diphtheritic membrane, the uvula was slightly œdematous, and the pharynx was lined as far down as I could see. The examination was made with much difficulty, as it seemed to give the child a great deal of pain. I gave the citrate of quinine and iron, with brandy and beef tea internally, using locally Labarraque's solution. I saw the child the next morning, and found that the upper portion of the tonsil was less covered with exudation than it had been, but in other respects no change in the general symptoms was noticed. The treatment was continued, and at my visit in the afternoon I found still less of the exudation, and the pulse was more full and rapid. I then suspended the use of the citrate of iron and quinine, and ordered instead the spirits of mildererus with an excess of ammonia, continuing the beef tea and brandy. I also recognised that the case was complicated with pneumonia of the left side, which had passed into the second stage without the knowledge, on my part, of its existence before. This morning (Saturday), about four o'clock, I found the child suffering from croupy symptoms, and on inspection of the throat, I discovered that the exudation had almost entirely cleared off, only showing itself upon the epiglottis. I then stopped the sp. mind. and gave a grain of calomel every hour, and continued the rest of the treatment. At eight o'clock that morning I visited the case again, and at that time in company with Dr. Bloodgood. We decided to continue the administration of the calomel, and give quinine along with it. This afternoon about three o'clock I saw the child again, and found that the parents, thinking that the child was going to die, had discontinued the treatment about two hours before. There

was very great difficulty in breathing, the air seemed to come through a perfectly dry tube, and at the end of two or three jerking sort of expirations, an inspiration would follow. I then told the father to give the child every fifteen minutes the syrup of ipecac until free emesis should follow. He did so. I called there just before I started to attend this meeting, and learned that in the interval three separate pieces of membrane had been expelled by vomiting, and that the patient in consequence felt very much easier. The last directions left with the father, were to repeat the administration of the remedy in the hope that some more of the exudation might be removed. The pneumonia has extended into the other lung, and there is now marked tubular breathing on both sides of the chest. Dr. A., in conclusion, mentioned that there was no scarlet fever in the family.

Dr. BULKLEY stated that he had seen, within the last five years, four well marked cases of diphtheria, two of which had occurred within the last two months. All these were connected, indirectly, with scarlet fever.

Dr. MCCREADY stated that he had seen within two or three months two cases of diphtheria, which were by no means very severe, although in both instances they occurred in very unfavorable subjects, they being of a marked strumous diathesis. The first child had a large patch of membrane on but one tonsil, the pulse was frequent, there was a good deal of soreness of the throat, and also some swelling about the glands of the neck. The severity of the disease was broken in a couple of days, the membrane commenced then to disappear, and at the end of the fifth day was gone entirely. The convalescence was slow but perfect. In the second case the membrane existed on both tonsils, and the mode of its disappearance was the same as in the other case. The treatment in both consisted in the administration of the tr. mur. ferri in doses of three or four drops every two hours, together with wine whey, and good regimen.

Dr. WILKES stated that he had seen three well marked cases of this disease, and all of them were quite severe, and quite characteristic. He did not think it was possible to confound it with croup or the ordinary sore throat.

Dr. BUCK gave the following particulars of twelve cases of diphtheritic croup which he had met with since 1849. All these cases were children from three and a half to ten years of age; seven were males, and five were females; three were attacked in Oct., three in Nov., and one in each of the following months: Dec., Jan., Feb., March, April, and May. Of the twelve four recovered and eight died. Of the eight that died,

six were tracheotomized; of the four that recovered, none were operated upon. All the twelve were unequivocal cases, and were complicated with laryngeal symptoms; with but two exceptions, the exudation was seen in the fauces, and upon one of these tracheotomy was performed. This patient, a young child, survived twenty-three days after the operation, and the wound, together with a blistered surface which existed before the operation, became covered with diphtheritic membrane.— In all, the early symptoms were those of sore throat, preceded in some instances by chilliness and fever, then followed by cough and the ordinary croupy symptoms. Those that were tracheotomized survived from thirty-six hours to twenty-three days, and all of them died in consequence of the extension of the disease into the air passages. In the child that survived the longest, there were convulsions complicating the case, and at the autopsy, there were discovered traces of the existence of pleuro-pneumonia. In all that recovered calomel was given, and the nitrate of silver was applied locally. In two of them the cinnibar fumigations were used in addition. In answer to a question from Dr. Bulkley, Dr. Buck stated that in all his cases the disease extended to the larynx and gave rise to croupy symptoms, and he was inclined to group them under the general head of diphtheritic croup.

Dr. McCREADY could not see where the dividing line could be drawn between diphtheria and croup. We discover a patch of yellowish membrane upon the tonsil, pharynx, and velum of a child who has a little sore throat, and is slightly feverish. The fever increases, the child begins to have difficult deglutition, and too soon the alarming symptoms of croup show themselves. That train of symptoms may last from three or four days to a fortnight, but how they can be distinguished from a case of diphtheria, I am at a loss to determine. They seemed to him to be the same disease.

Dr. WATSON was of the opinion that diphtheria *was* croup, if the membrane extended into the larynx and gave rise to croupy symptoms.

Dr. BUCK thought that the particular character of the disease depended upon a more or less inflammatory diathesis at different seasons of the year.

Dr. CLARK stated that about one half his cases died in consequence of the effects of the disease upon the general system, and not of any mechanical obstruction. He had seen since the last meeting, three more cases, and of these one recovered. One was peculiar in certain respects, and bears upon the question whether or not this disease has any relation to scarlet fever. This patient was eight years of age. On the

third of January the family physician was called, and on examination of the throat, discovered the existence of membranous matter upon the fauces, and he anticipated all the unpleasant results of its extension. The local treatment consisted in the application of nitrate of silver, together with five grains of quinine twice a day. In the course of four days the membrane became loosened and was removed by the forceps. At that time the disease showed no tendency to extend. Within twelve hours after, symptoms which finally ended in scarlet fever came on, and the throat during all that time was very sore. Recovery was commencing in the usual way, when the patient was seized with a new set of febrile symptoms, and in two days after, the full, irregular crescentic eruption of measles made its appearance. The measles took its usual course, and on the subsidence of the eruption new patches appeared on the fauces. On the third day after, this membrane reappeared, and I was called to see the case; then the fauces were covered; a broad patch of exudation which concealed the surface of the velum to a considerable extent, and also the tonsils, extended into the posterior nares, and forward so far that it could be seen in the nostrils. The physician had previously removed from the last-mentioned place, with a pair of curved forceps, long ribands of membrane. In a sort of vomiting effort, the child threw up a large quantity of tough leathery membrane. During all this time there was no marked obstruction to the respiration. When I saw the child, however, the respiration was exceedingly rapid, there was a moan at each inspiration, the pulse 140, and the surface and nails were blue. I predicted an unfavorable issue, notwithstanding there was no appearance of any membrane in the larynx. The evidence of poisoning of the blood became more and more apparent, the blue appearance of the surface continued, and in two days after she died. In the meantime the membrane had made its appearance upon a little sore on the lip, and had extended from it as a centre, a considerable distance over the surrounding apparently healthy tissue. The case is interesting when we take into account the fact that with this diphtheritic diathesis upon her, this girl went through scarlet fever and measles, had a very sore throat during the prevalence of the former disease, yet there was no diphtheritic membrane; and as the convalescence from measles was commencing the exudation appeared, and the disease progressed to a fatal termination without any serious obstruction to the air passages. In answer to a question from Dr. Elliot, Dr. Clark stated that he had met with no case that had terminated in convulsions.

Dr. CLARK stated that on the evening after the last meeting he was called in consultation by Dr. Crane to visit a family in Elizabeth, N. J. Six, out of eight, children were suffering at the same time from scarlet fever, and one was lying dead in the house. Three out of the six children presented diphtheritic membrane in the fauces, and the remaining three had swollen tonsils with more or less inflammation of the throat. One of them had some white spots upon the inner surface of one of the tonsils, which at first looked a little like membrane, but afterwards turned out to be nothing more than a white secretion in the follicles. Two of them were at that time, as was supposed, desperately sick, and in one of these the membrane was distinctly discoverable in the nasal passages. The voice was a mere cry. The breathing was not so much obstructed as in croup, but sounded as if a valvular structure was playing up and down over the opening of the larynx; and we took it for granted that if the membrane had not already, it would eventually, extend into that portion of the breathing apparatus. The pulse was 140, and the intelligence nearly abolished. The patient was lying with her eyes closed, paying no attention to anything that was said, and considerable force had to be used to open the mouth. She moaned with almost every breath, though occasionally she would get a little quiet and seem to be asleep. This child finally recovered.

In one of the other children, the nasal passages were entirely plugged up by the drying of the secretions that flowed down from the external opening. The constitutional symptoms with him too were very marked. His pulse was the same as the others, but instead of being semi-comatose, he was restless, dozing continually. He lived nearly a week from the time I refer to, and apparently died from exhaustion, the result of the occurrence of numerous ulcerations very much after the manner of bed sores. It struck him that this latter feature of the disease was an evidence of the constitutional influence of the poison. The father, who was fifty-seven years of age, also had the diphtheritic exudation in the fauces, but in him none of the symptoms of scarlet fever had presented themselves. He, however, had the same character of valvular breathing as noticed in the daughter. His tonsils and velum were very much swollen, and the glands on the outside of the neck moderately so. The moment he lost consciousness in sleep, his breathing would stop as if something had passed into the opening of the larynx and prevented the entrance of air. The inspiration alone was obstructed. His friends were unwilling to allow him to sleep at such times for fear he would suffocate. This difficulty of breathing did not seem to me to be depend-

ent upon the existence of a membrane, but upon the swollen condition of the hanging portion of the fauces, which dropped fairly down upon the top of the larynx. As soon as the inflammation subsided this symptom passed off. At the time we saw him he had been in a state of active delirium for forty hours; his pulse was about 100 per minute. He finally recovered. The treatment for all these cases was about the same; pretty active stimulation with alcohol and the very free use of sulphate of quinine, and the local applications of nitrate of silver in solution. There was a circumstance that interested me in connexion with the two children who had the membrane in its worst form, relative to scarlet fever. In the girl, the eruption was out full for eight days, and when we saw her was perhaps subsiding a little; in the boy, the symptoms had been out eleven days, and was still vivid. Desquamation was quite active, and the scales were standing out, attached to the surface by their edges, in all possible directions; rubbing these off, the eruption could be seen as on the second or third day. The urine in these cases was not examined.

Dr. WILKES stated that he had met with an attack of diphtheria in a patient seventy-two years of age.

Dr. MCCREADY within the last four weeks had been called to four cases of diphtheria following scarlet fever; two of these terminated fatally very soon after he saw them. In both the pulse was exceedingly frequent; there was a good deal of restlessness present, and the membrane covered the posterior part of the fauces, extending to the windpipe. The third case was somewhat similar in character as far as symptoms were concerned.

The first case was one of those which some time ago would have been called croup. I was called in consultation to see a stout boy, three years of age, with a pulse not much over 100, skin a little warm, and face somewhat flushed. I was told that there was ulceration about the throat, but no false membrane. On examination, however, the so-called ulceration was found covered with an ashy-colored patch of membrane, the child was also quite hoarse, and had the regular croupy cough. I did not see the case a second time, but read of its fatal termination a week after in the newspaper. The case agreed in every respect with the description which foreign writers give to croup.

Dr. WATTS had seen one additional case since the last meeting:—A young lady, twenty years of age, was attacked on Wednesday last with what she supposed to be “chills and fever.” She had a fair chill, followed by fever, a good deal of pain in the back, and also a sore throat. I was sent for on

Thursday afternoon, about thirty hours after she was first attacked. Her pulse was 130; she had a thickly-coated tongue, a severe pain in the back of the head and post-cervical region; the skin was cold and covered with a clammy perspiration. On looking into the throat, both tonsils were covered with a thick white deposit, which I am compelled to recognise as diphtheritic. I immediately placed her upon the use of quinine in two grain doses every two hours, and directed wine-whey to be given with the utmost freedom. Her skin was rubbed to get up an active circulation, and at bed-time opium was added to the quinine. I saw her yesterday morning, and the symptoms were decidedly moderated. Yesterday she was a good deal better; and to-day I found her very comfortable. The exudation has disappeared, leaving in its place a strawberry-roughness. The pulse is about 90, and has considerable force. No local treatment was employed.

Dr. METCALFE next made the following statement:—Since the beginning of the winter I have had ten cases of this disease, six of which I have seen in consultation. There have been seven cases in which the diphtheritic deposit affected the throat mainly, in the others the Schneiderian membrane was the principal seat of the exudation. The first case was a child three years of age, who was dying when I saw it; both tonsils and a part of the velum were covered with the membrane. The patient died comatose. The next was the sister of this child, who presented the exudation on each tonsil, the palate, and in the nostrils; there was a good deal of constitutional excitement, with occasional delirium, present. This case terminated favorably after a fortnight's illness. The third case was a brother of the last, eight months old; the membrane was situated on the surface of the tonsils, and invaded a small extent of the palate. This child recovered after four weeks illness. The uncle, who was in the house, convalescent from measles, had a slight diphtheritic patch on the palate. The mother also, had some trouble about the throat, her tonsils were much reddened, and the peculiar coating could be scraped from their surfaces without much difficulty. The constitutional disturbances were very trifling, and in two or three days she was entirely recovered. The next was a little girl four years old; I saw her on the next morning after the night she was attacked, when I found both tonsils almost completely covered with the membrane. The pulse ranged from 160 to 180. The breath was horribly fetid. The exudation in the course of the next day spread so as to cover the palate, and the grave symptoms increasing, the child died of apnoea two days after. The next was a child twelve years old, of a delicate constitu-

tion, who was taken on a Sunday morning, the membrane covering both tonsils and the edge of the soft palate. On Monday she was somewhat better; on Tuesday the fever subsided, and the membrane disappeared. That night the membrane reappeared, and extended into the nostrils; together with this there was attendant an immense tumefaction of one side of the neck. In consequence of this, there was a good deal of constitutional excitement, delirium, and difficulty of deglutition. The child, after making us believe for the greater part of four days that she was going to die, finally became convalescent. In this connexion Dr. Metcalfe exhibited a beautiful cast of membrane which had separated itself from the tonsils. Another case was of a young man, a member of the class at the University. He was taken sick on Saturday, and showed the patches in his throat the day following, when he experienced some difficulty in deglutition; had fever debility and quickness of the pulse. These symptoms continued for three days; he suffering a great deal without being, as I thought in positive danger. On the fifth day after the commencement of the attack, he was suddenly taken with a rigor, his skin was cold and covered with perspiration—respiration forty per minute. He could not lie down for a minute without having symptoms of suffocation. The gentleman who saw him with me was of the opinion that the case would terminate fatally very soon; the patient, however, recovered, and was able to return home on the Monday following. These are the only cases worthy of mention; of the rest, with but one exception there was very little constitutional excitement—some quickness of the pulse, pallor of the body, restlessness, pain in swallowing, and the occurrence of a well-marked membrane, with nasal defluxion—and they all got well. I have not used quinine in any of these cases, but in its stead the *mur. tinct. ferri* in twenty-drop doses every two hours to adults, decreasing the quantity according to the age of the patient. Besides this, I give plenty of beef-tea, milk-punch, and wine whey. I have used the *sol. of nit. silver* locally, but can't say that I have derived any benefit from it. I have given the chlorate of potash as a gargle, but there again I failed in obtaining any good results. In conclusion, Dr. Metcalfe referred to a new remedy, the *iod. of bromine*, which had been brought to his notice by a physician in Long Island. It was used locally in the strength of fifteen drops to eight ounces of syrup, and was of great service in correcting the fœtor of the breath. He (Dr. M.) had succeeded very well with the remedy, and advised the members to give it a trial.

Dr. WATSON referred to the case of a gentleman who, within the last six weeks, was attacked four different times with

sudden fits of suffocation, which, after existing for a time, would be followed by the discharge of a plug from the bronchial tubes, when immediate relief would ensue. Dr. W. attended him in one of these attacks, and stated that the plug raised at that time was about two inches long, and about as thick around as the forefinger. The extremities of this mass were much softened while the centre was hard and tough. He thought it possible that the condition of things referred to might have more or less to do with the epidemic of diphtherite.—*Am. Med. Times.*

CAN A WOMAN REMAIN IGNORANT OF HER PREGNANCY UP TO THE TIME OF HER DELIVERY?

To the Editor of the London Lancet.

SIR,—The following case I can vouch for as decisively affirmative upon the above medico-legal point;—

On the 24th ultimo I was summoned to Mrs. R---, aged twenty-eight, married, with one child four years old. She stated that for the last twelve-months she had been ailing, and considered to be in a consumption; that a month or two before last Christmas she began to vomit blood, and, continuing to do so, she in March last consulted Dr. Tyler Smith, who, to her great surprise, pronounced her to be seven months pregnant. Up to the time of her labor the catamenia had been quite regular; she had suffered from none of the ordinary sympathetic ailments; had been sensible of no alterations in the breasts; and, notwithstanding Dr. Tyler Smith's opinion, she had not been able to detect any enlargement of her abdomen, or any sensation whatever of the child's movements. Had she not been informed of her pregnancy, she would undoubtedly have remained ignorant of her situation to the very last.

The liquor amnii was abundant, and the child a full-grown lively boy.

I am, Sir, yours, &c.,

JAMES DUNCAN, M. D.

Henrietta-street, Covent-Garden, {
July 12th, 1860.

We have known similar cases in which married women, who had previously borne children, did not believe they were pregnant until delivery was at hand.—ED. L.

TRANSMISSION OF SECONDARY SYPHILIS.

To the Editor of the London Lancet.

SIR,—The reviewer of Mr. Harrison's book on Venereal Diseases, mentions the author's opinions respecting the transmission of secondary syphilis. Mr. Harrison thinks that this disease, which is supposed to be directly conveyed from the male to the female, does, in reality, reach the latter very seldom otherwise than by the intermediate action of the fœtus contaminated by the father.

I am certainly extremely happy to be supported by Mr. Harrison's authority, but I must beg to observe that not only have I long ago expressed this opinion, but also based it upon the very arguments that Mr. Harrison brings forward. The author, for instance, says—

1st. That in most of the cases of ascertained secondary transmission the disease has been conveyed from the male to the female, and not from the female to the male.

2ndly. That in such cases the first symptoms which are observed upon the woman appear in regions which leave no room for suspecting infection by coitus or any other contact.

3rdly. That the female then presents neither primary chancre nor bubo.

I repeat that I am very glad to see my arguments sanctioned by the approbation of the learned author, who doubtless has clinically verified their value. But I must remind your readers that these arguments have been put forward by myself, pretty well in the same words as used by Mr. Harrison, in my work entitled "*On the New Doctrines of Syphilis*," (Paris 1858.)

P. DIDAY.

Lyons, 1860.

Special Hospitals.—A movement having been set on foot to found a Special Hospital for the treatment of stone and diseases of the urinary organs, in London, a number of the most prominent physicians of that city, among whom are Brodie, South, Latham, Watson, etc., have published an address in the Lancet objecting to this, and expressing their opinion on special hospitals generally, as follows :

“The practice is injurious, First, because in the maintainance of numerous small establishments the funds designed for the direct relief of the sick poor are wasted in the useless multiplication of expensive buildings, salaries and hospital appliances, and in the custom of constantly advertising to attract public attention.

“Secondly, because the public is led to believe that particular classes of diseases can be more successfully treated in the small special institutions than in the general hospitals—an assumption directly contrary to evidence; the fact being that the resources of the general hospitals are in every respect superior to those of the special institutions alluded to.

“Thirdly, because it is essential for the interests of the public, with a view to the efficient education of students preparing for the practice of the medical profession, that all forms of disease should, as far as possible, be collected in the general hospitals to which medical schools are attached.”

Somnambulists Fined. In Paris, professional somnambulists have frequently been condemned to fine and imprisonment for obtaining money on pretext of indicating occult facts. Two persons named Nicholas, man and wife, were this week committed to prison for one month, and each fined 50 fr., for swindling out of 20 fr., a man who had been robbed, and to whom they pretended falsely to indicate the thieves.

EDITORIAL.

ILLINOIS STATE MEDICAL SOCIETY.

In accordance with the instructions of the State Medical Society at its last annual meeting, *notice* is hereby given that the annual meeting for 1861, will be held on the *First Tuesday* in *May* next, in the City of Jacksonville.

N. S. DAVIS, M. D.,

Pr. Sec'y Illinois State Medical Society.

Chicago, Aug. 28th, 1860.

MEDICAL SCHOOLS IN CHICAGO.

The Annual Announcements of the two Medical Schools in this city have been issued, and the time is fast approaching for the Commencement of their respective Annual College terms.

The Announcement of the *Rush Medical College*, indicates no change since the last term, either in the Faculty or the general course of instruction. To such students as are desirous of skimming over all the branches, or more properly, of following the lecturers over a part of each branch for sixteen weeks, without thoroughly reviewing any, the Rush Medical College affords as strong inducements as any similarly organized school in the country. Its regular term commences on the *first* Monday in November, and continues sixteen weeks; but a preliminary course of Lectures and Clinical instruction will be given during the month of October.

The Announcement of the Medical Department of Lind University, also shows no change in the plan of organization, and the courses of instruction adopted by that institution, and but one change in the Faculty. When the first Annual Announcement of the University was issued, the Chair of *Materia Medica* was vacant. Subsequently the Chair was filled by transferring other members of the Faculty in such a way as to give the Chair of Anatomy to Prof. T. Deville. At the close of the term, Prof. Deville resigned, and the other members of the Faculty were restored to the Chairs originally assigned to them, leaving that of *Materia Medica* again vacant. This Chair has now been filled by the appointment of A. L. McArthur, M. D., of Joliet, Ill.

Prof. McArthur pursued the study of medicine in this State, and several years since graduated in Rush Medical College. Subsequently he attended the Schools and Hospitals of Philadelphia during the full college term, and received an additional Diploma from the University of Pennsylvania. Since that time he has resided in Joliet, where he has acquired an extensive and profitable practice. Though in the prime of life, he will bring to the duties of his Chair, a degree of scholarship and practical experience which cannot fail to give him a high reputation as a teacher. The regular lecture term in the

University commences on the second Monday in October, and continues until the first Monday in March. It is founded on the principle, that college instruction in medicine, like that in all other sciences, should be progressive and adapted to the stage of advancement of the student.

Hence, each term is divided into Junior and Senior departments. The first embraces Descriptive Anatomy, Physiology and Histology, Materia Medica, Pathology and Public Hygiene, and Inorganic Chemistry, and is designed for students attending their first course. The second or Senior department embraces Surgical Anatomy, Organic Chemistry, and Practical Medicine, Surgery, and Obstetrics with diseases of women and children, and full courses of Clinical Medicine and Surgery. Practical Anatomy in the dissecting room, and a full course of lectures on Medical Jurisprudence are open to the students in both departments. By adopting this plan, the Trustees and Faculty of the University, designed to accomplish the following important objects: First, to induce a more systematic or methodical mode of pursuing the study of Medicine. Second, to compel the student to acquire a competent knowledge of those more elementary branches, which must constitute the foundation of all correct medical education, before engrossing the mind with the details of the practical branches. Third, by increasing the number of Professorships, dividing and lengthening the term, to insure full instruction in the very important departments of Organic Chemistry, Histology, Surgical Anatomy, and Medical Jurisprudence, branches that are very briefly discussed or not taught at all in most of the Medical Colleges of this country. Fourth, by requiring the student to attend a smaller number of lectures each day, and increasing the length of time, to insure him sufficient time to digest what he hears, and to acquire a mental discipline of the utmost value to the practising physician. Fifth, to give that prominence to *Clinical Medicine and Surgery*, which their importance entitles them to, by devoting an hour every morning to Clinical instruction in the Mercy Hospital, and an additional hour every Wednesday and Saturday at the Dispensary in the College. That the actual attainment of these objects would greatly elevate the standard of Medical education, and correspondingly

benefit both the profession and the community none can deny. That the plan of organization and instruction adopted by the Lind University, will practically accomplish these purposes, the experience of the last session afforded abundant proof. We learn from the Secretary that the prospects are good for a largely increased class the coming lecture term. It should be mentioned that while the Junior and Senior departments are kept perfectly distinct, and first course students are *required* to take the full Junior course and sustain a thorough examination on the branches taught therein, yet, the lecture hours are so arranged in the two departments, that any student in the junior class who wishes to spend more time in the Lecture room, can attend any part on the whole of the courses on Practical Medicine, Surgery, and Obstetrics, without additional charge. And on the other hand, the students in the senior class can also, if they choose, attend again any part on all of the courses on Anatomy, and Physiology and Histology, in the junior department.

We say then, with all candor and sincerity, to the profession of the north-west, that, *Chicago*, with two medical schools, one on the ordinary plan and the other on a plan embracing a more methodical and extended system of instruction than any other school in this country; with three Hospitals and two or three Dispensaries accessible for clinical instruction, presents in every respect as good advantages for acquiring a complete and thoroughly practical medical education as any other city in the Union.

Museum and Library of the Medical Department of the Lind University.—We should have mentioned in giving an account of the Medical Schools in this city, that the Trustees of the University have secured for the museum of that school, the whole collection of Anatomical preparations, etc., brought from Paris by Prof. Deville. Such additions have also been made in other departments, as to render the means of illustration in all the branches of medical science very full and satisfactory. The Library of the same school has also been increased to nearly 1,000 volumes, accessible to the medical classes.

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THE CHICAGO MEDICAL EXAMINER.

EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

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No. 10

ORIGINAL COMMUNICATIONS.

REPORT

On the Changes in the Composition and Properties of the Milk in the Human Female, produced by Menstruation and Pregnancy; also, on the Food most Proper for Infants when deprived of the Milk of the Mother.

Presented to the Illinois State Medical Society, May, 1860.

BY N. S. DAVIS, M. D., &C., CHICAGO, ILL.

At the annual meeting of the American Medical Association, held in May, 1856, I had the honor to present a brief report on the chemical and microscopic changes that take place in the milk of the human female during menstruation and pregnancy.

The Association in accepting that report requested a continuance of the investigation, and by a subsequent resolution, imposed upon me the additional duty of reporting on the food most proper for infants when deprived of the milk of the mother. In continuance of the investigation commenced in the former report, observations and notes have been made concerning twelve additional cases of pregnancy and eight of menstruation. In six of these cases, four of pregnancy and two of menstruation, the milk was obtained for examination and analysis in the same manner as detailed in the former report.

The examinations with the Microscope revealed nothing that was not fully described and represented in that report.

In all the cases of pregnancy there was a noticeable change in the quantity of milk globules; the full sized globules being fewer, while the mere granules were increased in number. In the milk obtained while the mother was menstruating the

change was much less observable. The observations and analyses contained in the former report led us to the following conclusions, viz. :

1st. The occurrence of pregnancy, during lactation, produces a very marked diminution of all the solid or nutritive constituents of the milk.

2nd. In examining the separate proximate elements, it will be observed that a much greater relative diminution takes place in the caseine, the butter or oil, and the salts, than in the sugar and extractive matter.

Having now completed a direct comparison between the microscopic appearances and chemical composition of the milk of six different mothers while pregnant, with specimens of milk from the same mothers when in the third or fourth month of lactation without pregnancy, but preserving in each case all the circumstances connected with diet and exercise as nearly uniform as possible, I think the conclusions just stated clearly demonstrated. It would have been easy to have multiplied the number of analyses, had it been proper to compare the composition of the milk of one female in a pregnant state with that of another not pregnant. But the well known fact that milk from different individuals, differs much in the relative proportion of its constituents, would render any conclusions drawn from such a comparison more or less unsatisfactory. Hence I have confined myself in this, as in the former report, to such cases only as would permit a comparison of the two conditions in the same individual.

Changes in the Qualities of the Milk.—The properties of milk doubtless depend partly on the relative proportion of its constituents, partly on the more or less perfect elaboration of these, and in part also upon the admixture of accidental or foreign ingredients

Careful examinations were made relative to the health of both mothers and children, which have been noted since the previous report. In eight, the mothers continued to enjoy as good health as is usual during the first three months of pregnancy, when not complicated with lactation ; but their children all began to show signs of insufficient nutrition, coupled with

more or less disturbance of the stomach and bowels, before the completion of the second month of pregnancy. In two the children continued well nourished and healthy, but the mothers both became rapidly anemic, and the organic nervous system extremely excitable, as indicated by palpitations of the heart, muscular weakness, and inability to endure even moderate exercise.

In the remaining two, both mothers and children continued to enjoy a fair degree of health until the fourth month of pregnancy, but the children drank freely of cow's milk and sometimes took other nourishment, and the quantity of milk furnished by the mothers was small.

Of the eight cases of menstruation during lactation, in three both mothers and children continued well; in three others the mothers continued well, but their children were unusually fretful, and subject to frequent turns of slight diarrhœa; in the remaining two the mothers became affected with erythematic inflammation of the mouth, profuse leucorrhœal discharges after each menstrual period, and much general debility, while the children showed no other signs of ill health than unusual peevishness.

From all the foregoing facts and analyses, I am led to infer that the occurrence of pregnancy during the ordinary period of lactation either speedily reduces the quantity of milk secreted, or lessens the proportion of solid or nutritive constituents, to such a degree as to render it insufficient for the proper nourishment of a child over six months old. In a small proportion of cases, however, the milk secreted continues abundant and of good quality, but the health of the mother rapidly declines; while in a still smaller proportion of cases, the mother and child both continue well nourished and healthy. Taking these statements as correct, they suggest two questions of much importance.

First: Whenever pregnancy occurs during lactation and the mother or child, or both, are found to exhibit symptoms of anemia, should the child be immediately removed from the breast; or should an effort be made to devise such diet and medicine as would enable the mother to assimilate sufficient for herself, and both the intra and extra uterine off-spring?

Second: If an attempt is made to sustain the mother and permit lactation to continue, what dietetic and therapeutical measures would be most efficient for that purpose?

The defects in the milk, as shown by analysis, as well as the condition of the mother, readily suggest a diet containing abundance of caseine, gluten, or albumen, and such tonics as the compound syrup of phosphates, or still better, the hypophosphites of soda, potassa, lime, and iron; but your committee cannot report a sufficient number of clinical cases to determine the actual value of such a course. On the contrary, nothing short of an early removal of the child from the breast has been found safe in the great majority of cases thus far observed. And this leads directly to the consideration of the second question propounded to me by the Association, namely, "what food is most suitable for infants when from any cause it becomes necessary to deprive them of the mother's milk at too early a period?" Very few questions could be stated having a more direct bearing upon the preservation of life and health, than this. The ratio of mortality during the first five years of life is not less than one per cent. of the population in cities. And if this inquiry was restricted to such infants as are deprived of the mother's milk during the first six months after birth, it is quite certain that the ratio would be doubled. Dr. Reese, in his report on infant mortality made to the American Medical Association, very justly places impure milk and improper food, used during the first year of infancy, among the prominent causes of such mortality. Hence the subject is one of sufficient importance to be worthy of the most careful investigation. There are two methods by which inquiries may be conducted, on this subject, viz.: the rational and the empirical. The first embraces a careful consideration of the following questions:—

1st. What proximate and elementary constituents must food contain to render it capable of affording perfect nutrition to the infant?

2nd. What articles of food contain such constituents? and what state, in relation to fluidity, temperature, &c., is best adapted to the condition of the digestive apparatus in infancy?

The second method of inquiry consists in the direct administration of different articles of food to a sufficient number of children, and for a sufficient length of time to determine their absolute and relative value.

To do this satisfactorily would almost necessarily require the control of a Foundling Hospital or Orphan Asylum in which a considerable number of infants were admitted. Without any such facilities for pursuing the empirical method of inquiry, we must be content with the simple announcement, derived from the general experience of the profession, that infants are capable of being fully nourished and all their tissues brought to a healthy degree of developement on a considerable variety of alimentary substances. The most important of these are, the milk of animals; panada or pap prepared from wheaten bread or biscuit; oatmeal or groats; and the several farinaceous articles such as corn starch, arrow-root, rice, &c.

If we subject these several articles to the rational method of inquiry, as already defined, we shall find each of them containing all the proximate and inorganic constituents necessary for nourishing the various structures of the human body, but in very variable proportions. Thus if we assume that all substances, capable of sustaining perfect nutrition in infants, must contain more or less nitrogenous, carbonaceous, and saline or inorganic matter, and subject those already named to an analytical comparison, we shall find in the cow's milk the three classes of alimentary principles in nearly the same aggregate proportion as in healthy milk from the human female; in the preparations derived from wheat and oats the nitrogenous elements represented by gluten or vegetable albumen though less than in milk are abundantly sufficient; while in those derived from rice, arrow-root, &c., the nitrogenous constituents are very deficient in quantity, and the carbonaceous, as represented by starch and sugar, relatively in excess. This will be more forcibly illustrated by a glance at the proximate analysis of these several substances. Thus, if we add to wheat flour, oatmeal, and rice flour respectively, a sufficient quantity of water

to render them capable of being compared with cow's milk, we shall find them to contain, in 1000 parts,

	Nitrogenous El.	Carbon- aceous.	Saline.	Water.
Cow's milk,.....	44,80	79,00	6,00	870,00
Wheat flour, (diluted with water),	15,74	110,65	3,46	870,00
Oatmeal, do. do.	13,25	101,79	5,88	870,00
Rice flour, do. do.	5,08	193,62	0,70	870,00

The obvious deductions from this table are in strict conformity with the teachings of experience, as stated by the best practical writers on the dietetics of children. They have all told us that pure and fresh milk from the cow is the best substitute for that of the mother. But I am fully satisfied, both from analytical investigations and clinical observation, that most of these writers have committed one important error; which consists in recommending the milk of the cow to be used largely diluted with water, and sweetened by the addition of sugar. Thus Dr. Dewees recommends it, for infants under five months, to be diluted with one part of water to two parts of milk and the addition of a little sugar. To children over five months he allows the use of rice and gum water in addition to the diluted milk. Dr. Condie in his work on Diseases of Children, says: "The quantity of (cow's) milk required for use should be mixed with nearly an *equal quantity* of warm water and *well* sweetened with sugar." Drs. Churchill, Pareira, and others coincide in nearly the same recommendation.

The foundation for this recommendation is the supposed fact that cow's milk contains more butter and caseine and much less sugar than woman's milk. This impression was made on the older writers, by observing on woman's milk when allowed to stand, the appearance of a smaller quantity of cream and curd than on cow's milk. The same has been perpetuated by the analysis of woman's milk published by M. M. Chevallier and Henri in 1839, and quoted as the standard of comparison by Pareira, Churchill, and others. The result of their analysis is stated as follows:

1000 parts of woman's milk gave of water 879,8; solid constituents 120,2. The latter consists of

Butter,.....	35,5
Sugar of milk,.....	65,0
Caseine,.....	15,2
Salts,.....	4,5

Satisfied from my own analyses that this statement does not correctly represent the average relative proportion of caseine and sugar in healthy human milk, I extended the inquiry and found that it differed equally from the results of analyses by Simon, Clemm, and still more recently by M. M. Vernois and Becqueral. Simon made fourteen analyses of woman's milk at different periods of gestation, and with the following average result: In 1000 parts, Water, 883,6; Solid matter, 116,4.

The solid matter contained, of

Butter,.....	25,3
Sugar and Ext.,.....	48,2
Caseine,.....	34,3
Salts,.....	2,3

Clemm made three analyses during the first two weeks of lactation, and gives us the relative proportion in 1000 parts of sugar and extractive matter, 41,1; of caseine, 35,3.

M. M. Vernois and Becqueral, state the relative proportion of the same ingredients to be, of sugar 43,6, and caseine 39,2.

It will be seen, therefore, that the results obtained by all these differ but little from those obtained by myself as stated in the first part of this report. If we compare the results obtained by me with those just given, we may deduce the following table, which will probably afford as reliable a representation of the average composition of healthy human milk as can be obtained:

Water,.....	885,50
Solid matter,.....	114,50
Of which there is	
Butter,.....	29,70
Sugar and Extractive,....	43,35
Caseine,.....	38,27
Salts,.....	7,20

This compared with the table given by Chevallier and Henri, as quoted so generally by writers on dietetics, repre-

sents the relative proportion of sugar as one-third less and that of caseine as more than double; and if compared with cow's milk in reference to the three important classes of alimentary principles would exhibit the following result, viz:

	Nitrogenous Elements.	Carbon- aceous.	Saline.	Water.
Woman's milk.....	38,27	73,05	2,30	885,50
Cow's milk,.....	44,50	79,00	6,00	870,09

It will thus be seen that the composition of cow's milk, whether viewed in relation to the absolute amount of solid constituents, or to the relative proportion of its several proximate elements, affords no indication for more than a slight dilution with water accompanied by a correspondingly small addition of sugar. During the progress of my investigations concerning the properties of milk, two facts were observed which led to farther inquiries. The first was, that fresh human milk gave to litmus a much more decided alkaline re-action than cow's milk; and when allowed to remain in an open vessel, remained entirely fluid and without any indications of sourness for a much longer time. The second was, that in almost all instances in which infants were made to depend on cow's milk for nourishment and they did not thrive well, the failure seemed to be accompanied by a speedy and excessive generation of acid in the digestive apparatus, indicated by either vomiting of some milk soon after it was taken, or too frequent stools of a curdled appearance and sour smell. These facts led to the inquiry whether a large part of the difficulty arising from the use of cow's milk for infants, did not depend directly on the more ready coagulability of its caseine, as compared with the milk of the mother.

To test the relative coagulability and fermentive tendency of the two kinds of milk, I placed a specimen of woman's milk and of cow's milk in vessels of equal size and shape side by side, and allowed them to remain at rest three days. The specimen of cow's milk emitted an acid smell and re-action, together with a visible coagulation of the caseine in 36 hours, while the specimen of woman's milk remained apparently perfectly sweet and free from coagulation at the end of 48 hours.

To determine the effect produced on cow's milk by aqueous dilution, I placed side by side in equal quantities and equal vessels, three specimens; one of pure cow's milk, another of milk of the same cow diluted with half its quantity of water, and a third diluted with the same quantity of water and the addition of a little white sugar. Of these specimens, that which was simply diluted with water showed signs of fermentation and coagulation first, next that diluted with water with the addition of sugar, and last the pure milk. Having satisfied myself by these and other experiments, that the caseine of the milk of the cow is held in solution by a feeble affinity than that of the human female; and that simple dilution with water, or water and sugar, only renders this affinity still more feeble, and thereby favors both fermentation and coagulation; my next inquiry was, whether any substances could be added to the milk of the cow which would positively strengthen the affinity by which the caseine is held in solution and thereby materially retard both coagulation and fermentation. It being supposed that caseine in fresh milk is kept soluble by union with a certain proportion of soda, and that while fresh it always gives an alkaline reaction though feeble than that given by woman's milk, we should be disposed to look first to the class of alkaline substances as most likely to produce the desired effect. Accordingly four specimens of fresh cow's milk were placed in vessels of equal size and shape. To one was added chloride of sodium (common salt) in the proportion of 5 grs. to the oz. of milk; to another an equal proportion of bi-carbonate soda; to a third, aqua calcis (lime water) in the proportion of half-a-fluid drachm to the oz. of milk; while the fourth specimen remained without the addition of anything. After standing 36 hours the 4th specimen emitted a distinct sour smell and showed a visible coagulation of the caseine. The third specimen did not exhibit the same changes until the end of 53 hours; while the 1st and 2nd specimens remained without any perceptible change full 72 hours. These results were striking and susceptible of a highly important practical application. They demonstrated the practicability of keeping the caseine of cow's milk soluble a much longer time by the addition of alka-

lies, and thereby rendering it more nearly identical in its properties with the milk of the human female. From all the foregoing observations and experiments, we are led to the following inferences, viz :

1st. That cow's milk more nearly approximates, in composition and properties, the milk of the human female than any other substance ; and is consequently better adapted to the feeding of infants than any other substances in use.

2nd. That in preparing cow's milk for the feeding of infants less than six months old, it should be diluted with not more than *one-fourth* part of water, and receive the addition of from three to five grains of common salt or bi-carbonate of soda to the ounce of milk, and sufficient sugar to give it a slightly sweetish taste. For infants over six months old, the proportion of water should not be more than one-sixth.

During the last three or four years I have regulated the food of infants coming under my care, in accordance with the foregoing propositions, and with the most satisfactory results. The solidified milk, manufactured in Dutchess County, New York, contains just about the required amount of additional soda and sugar, and when dissolved in the right proportion of water, makes the best food that I have yet used for infants deprived of the mother's milk. I have now, within my circle of patients, three infants growing finely on the solidified milk exclusively, and have been since they were from three to six weeks old. It not only contains the needed addition of soda and sugar, but being perfectly dry, and capable of being kept any length of time, it can always be dissolved fresh for use whether in winter or summer ; and consequently affords greater uniformity than can be procured by any other article in use. I have met with two or three children, who would not thrive well on any preparation of milk that I could devise.

With these, the oatmeal or groats, answered a better purpose than any other kind of food.

Dr. W. H. Cumming, who has recently published an interesting work on the dietetics of children, gives the following directions for preparing cow's milk for infants :

“Take, then, ordinary cow’s milk and let it stand for four or five hours. For a child three months old, $2\frac{1}{4}$ quarts will be needed. Take the upper third, ($3\frac{1}{2}$ pints,) and add to it $2\frac{1}{4}$ pints of water; sweeten it with the best sugar, of which $2\frac{3}{8}$ ounces will be required. It should be made somewhat sweeter to the taste than ordinary cow’s milk.

A child three months old will take from 48 to 60 fluid ounces, daily, in six or seven doses of a half pint each.

It should be given from a bottle—*suction being the only proper mode of feeding for a young child.*

Its temperature should be from 100° to 104° . It should be warmed again if it becomes cool while the child is taking it.

The child should be early trained to pass 6 or 8 hours at night without feeding.

The kind of bottle, which for cheapness and convenience is most advantageous, is a plain 8 ounce vial, of an elliptical form. The artificial nipple is made best by rolling a quill in soft muslin and forcing this into the neck of the vial, leaving about three-fourths of an inch projecting from the neck. The ease with which the muslin may be unrolled and thoroughly washed, gives this arrangement a superiority over every other, especially in warm weather. The quill also may be readily cleaned.

The child should be fed at intervals of three or three and a half hours. Regularity in this respect is very advantageous.

During the first month, the child needs food of different composition. There should be more butter in proportion to the caseine. In order to obtain this increased proportion of butter, let the upper *eighth* of the milk be taken instead of the upper *third*. This milk contains from 70 to 80 thousandths of butter. It should be diluted with 2.6 parts of water.”

For a child from 3 to 10 days old.	Mix 1000	Water 2643	Sugar 243
“ “ 10 to 30 “	“	“ 2500	“ 225
“ “ 1 month old.	“	“ 2250	“ 204
“ “ 2 “	“	“ 1850	“ 172
“ “ 3 “	“	“ 1500	“ 144
“ “ 4 “	“	“ 1250	“ 124
“ “ 5 “	“	“ 1000	“ 104
“ “ 6 “	“	“ 875	“ 94
“ “ 7 “	“	“ 750	“ 84
“ “ 9 “	“	“ 675	“ 78
“ “ 11 “	“	“ 625	“ 73
“ “ 14 “	“	“ 550	“ 67
“ “ 18 “	“	“ 500	“ 63

By thus gradually diminishing the proportion of water, we furnish the child a milk containing an ever-increasing proportion of nutritive matter.

This method of Dr. Cummings, is founded on the supposition that it is desirable to increase the relative proportion of butter in the milk of the cow, and at the same time greatly diminish that of the caseine. Without stopping to inquire whether this supposition is well founded or not, it is sufficient to know that the method is impracticable in those localities and among those classes where artificial food for infants, is most needed, namely, in all our large cities. Nine-tenths of the inhabitants of all our cities, obtain their milk from the regular *milk-men*, whose supply consists of the milk of many cows mixed together: first shook up over many miles of railroad; then diluted more or less with water and ice, and shook up some hours during the delivery along the paved streets of a populous town. To talk of letting such milk stand a certain length of time in order to obtain the "*upper-third*," for the purpose of feeding an infant, is preposterous; at least, during the summer months. In spite of *scalding* and refrigerators both, every family who has tried it, knows that it is difficult to keep such milk sweet from morning until evening, and that it is often actually sour in less than an hour after delivery.

From close observation through a series of years I am satisfied that the excessive dilution of milk, and the use of rice-water, barley-water, bread-water, and such other preparations as require the child to take a large quantity of water to get a small amount of really nutritious matter, greatly favors the prevalence of cholera-infantum and diarrhoea, during all the warm season of the year. Indeed, the excessive use of liquids, is a prominent cause of intestinal fluxes, in the old as well as the young.

The heat of the summer relaxes all the tissues more or less, and renders the cutaneous and mucous surfaces more sensitive than normal. If at the same time water or diluted drinks are freely taken, the skin and kidneys secrete more largely; not only discharging the excess of water from the blood, but also a considerable quantity of saline matter with it. The supply of water being kept up, it is easy to see, that the saline matter of the blood would soon become deficient, and consequently the capacity of that fluid for the absorption of oxygen from the

air-cells of the lungs, would be impaired. With a deficiency of both salts and oxygen in the blood, with an excess of water, and a relaxed and sensitive state of the mucous surfaces, we have a state of things highly favorable to the occurrence, of cholera-morbus, diarrhœa, and dysentery. So fully am I satisfied of the correctness of these views, that I do not hesitate to call the attention of the profession to them, especially in regard to their bearing on the preparation of food for infants.

HYDROCYANIC ACID SHOULD BE STRICKEN FROM THE LIST OF OFFICIAL PREPARATIONS.

(From a Paper on Hydrocyanic Acid, by Dr. F. MAHLA.)

Hydrocyanic (prussic) acid is, in the hands of an experienced practitioner, undoubtedly of great therapeutic value. Yet there are serious objections as to the forms in which it is generally prescribed by physicians. Hydrocyanic acid is employed in various forms. The U. S. Pharmacopœa names as official preparations not only a diluted hydrocyanic acid, but gives also directions for the preparation of other medicaments which contain this substance. The aqua amygdalarum amararum, the oil of bitter almonds, are pharmaceutical preparations, which are constantly varying in strength in regard to prussic acid. It is well known, that hydrocyanic acid is liable to undergo decomposition, not only if exposed to the direct sunrays, but also if exposed to common daylight. It has been observed that it became brown and turbid even if the bottle was covered with black paint or paper. This shows clearly that great molecular changes take place readily under certain circumstances, which are out of control. It is obvious that all the other hydrocyanic acid containing preparations, are subject to the same decompositions.

There is still another serious objection to the use of those medicaments in medical practice. Hydrocyanic acid is a chemical compound, which is highly volatile. The anhydrous

acid boils already at 80° F. As our usual summer temperature is sometimes 90 or even 100 degrees, it may be easily conceived, that the absorbing power of water of that temperature is considerable less than that of water of 30 or 40 degrees. If, therefore, a bottle containing this preparation be opened during the hot days of July or August, and a portion of the contents taken out, it is but natural that a certain quantity of gaseous hydrocyanic acid escapes from its aqueous solution and fills the empty space of the bottle. This of course escapes into the air as soon as the vial is opened once more. It becomes thus weaker and weaker, and the practitioner waits in vain for that effect, which a former dose always used to produce.

It is very frequently the case, that an acid, even if directly from the chemical manufacturer, has not the required strength. According to the U. S. Ph., hydrocyanic acid should contain 2 per cent. of anhydrous acid. In most cases, it is, however, considerably weaker, and becomes the more so the longer it is kept on hand.

Though these facts are well known to every professional chemist, I thought it would be of interest to the practitioner if I could prove their truth by direct experiments. I subjected, therefore, different samples of hydrocyanic acid, of aqua amygd. am. and of ol. amygd. eath. to a quantitative analysis. I made use, for these determinations, of Liebig's method, with a silver solution of known strength, caustic potassa and chloride of sodium, as described in "Mohr's Titrim-book."

Acid A. perfectly colorless, top well secured, analyzed 2 months after shipment from the factory,.....	1.44 per cent. of anhydrous acid.
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Same acid analyzed 14 days afterwards,.....	1.32	"	"
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Acid B. received from the factory 3 months previous, well stoppered,.....	0.95	"	"
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Acid of the same manufac. kept in store for about 5 months, (bottle had been opened during this period),.	1.02	"	"
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Essential oil of bitter almonds, 6.30 per. cent. of anhydrous acid.

Aqua amygd. amar., fresh prepared according to the U.

S. D., 0.0036 “ “

Aqua amygd. am., prepared 6 months ago, but kept in

a well closed bottle, 0.0000 “ “

It is obvious, that a remedy, the exact strength of which cannot be controlled, is not fit to be used in medical practice. The question is now, in what form shall the physician prescribe hydrocyanic acid? Cyanid of potassium, as it occurs in commerce, is not pure; it contains always cyanate of potassa, besides occasional impurities. The pure cyanid of potassium is very difficult to prepare, very deliquescent, and its solution very prone to decomposition. It is, therefore, a substance not fit to be dispensed by the pharmacist.

To avoid these difficulties, Prof. Wohler suggested already some time ago, the use of amygdalin. This principle, which is contained in bitter almonds, is readily decomposed by the combined action of emulsin and water into the essential oil of bitter almonds, prussic acid and sugar. The oil of bitter almonds (when deprived of its prussic acid,) is without effect upon the animal system, at least in all doses in which it would be prescribed, and it could be therefore of no objection to have it as an accompanying admixture in a medicament.

Seventeen grains of amygdalin produce, if acted on by emulsin and water, one grain of anhydrous prussic acid.

A teaspoonful of a mixture made according to the following formula, would contain, therefore, a dose of 2 drops of the officinal diluted hydrocyanic acid, viz:

℞. Emuls. amygdal. dulc., (ex. 3ii,) ʒ iv.
Amygdalin pur. pulver., gr. xx. Misce.

OSTEOID CANCER OF THE FEMUR.

The tumor in question, was forwarded to Prof. N. S. Davis, of Lind University, by Drs. L. Martin and E. C. Dickenson, of Shelbyville, Ill.

The history of the patient is given in the following letter from Dr. Dickenson :

“ Patient, William, aged 10 years, son of Jesse Baker, a farmer residing in the South Eastern part of Shelby Co., near Neoga, Ill. About the middle of June the father called upon us for advice in the case, as stated by him. We requested an examination, for which an opportunity was afforded by his presentment at our office on Saturday, June 30th. On that day we diagnosed a tumor occupying the right knee, and having a circumference of 2 feet $2\frac{1}{2}$ inches. The patient, of an ambitious sanguine temperament, and a champion among his school fellows, in their sports, had acquired the reputation of the best hopper upon one foot in the settlement, and it was in February, 1859, without having experienced previous known injury, that the inner condyle of the right femur began to be tender to the touch. Soon, also, it appeared swollen, and continued gradually to increase in size, though without offering serious impediment to locomotion.

The patient continued his wonted state of health until March or April last, when, as the tumor took on an increased activity of growth, he began to lose flesh, and during the three weeks previous to our seeing him, (June 30th,) had rapidly emaciated.

The pain had become constant and of increased intensity. Comparing then the alternatives of probable dissolution from exhaustion, within three or four weeks, with the improbable immediate death, as the result of a carefully conducted amputation, we determined to operate on the next day but one, (July 20th.) Accordingly we took the cars for Neoga, invited the assistance of two physicians of that place, and proceeded at once five miles, and to the operation. I prepared Prof. Andrews' anaesthetic compound, *i. e.* Ether 2 pts., Chlor. 1 pt., and occupied ten minutes in preparing the patient for the knife in the hands of Dr. Martin. Completed the operation

with pulse at 95. One hour after the operation, pulse at 120. Employed two $\frac{1}{4}$ gr. doses Morph. which controlled all pain and procured sleep within two hours. 'Six hours afterward, slept quietly—pulse 130.'

I remained with him for two days, during which time he constantly improved in strength and spirits. Visited him again in four days, and dressed the stump. In five days more Dr. M. visited and removed sutures. Left ligatures for removal by the patient after 14 or 15 days. Saw the patient no more, but heard from his father that in 14 days from operation he was moving about on crutches, and in 21 days was visiting the neighbors on horseback.

In five weeks after the operation he commenced attending school $1\frac{1}{2}$ miles, and has attended *constantly* since."

When the specimen came into my hands for examination, it was too far gone in decomposition to permit any cancer elements to be detected by the microscope, and the examination therefore was made by simple dissection. The specimen consisted of a thigh and leg. At the place of the knee joint there was a large tumor measuring eight inches in one diameter and fourteen in the other. The muscles above and below were very much atrophied. The integument over nearly the whole tumor was natural in appearance, and not strongly adherent. On removing the skin and superficial fascia, I came at once to a mass which seemed like an encephaloid cancer on the surface, but which, at the depth of a quarter of an inch rested on a loose bony tissue mixed with cancerous substances. As the dissection was pushed deeper, the bony tissue seemed firmer and more compact, and less mixed with soft tissue. The mass sprang exclusively from the femur. The patella, and the upper part of the tibia, though over-lapped and pressed upon by the tumor, yet retained their coating of cartilage, and a nearly natural appearance. The articular surface of the femur also retained a pretty natural aspect, but the whole surface of the bone just above was over-lapped in a semi-fibrous mass, fibres of osseous tissue seeming to spring from the whole circumference and radiate in all directions, enveloping the shaft of the bone some two inches above the point of attachment,

giving the appearance of the shaft of the bone running into a hole or socket in the tumor.

The case so far as could be determined by this examination, was one of osteoid cancer.

E. ANDREWS.

STRAMONIUM IN NEURALGIA.

By A. YOUNG, M. D., of Prescott, Wis.

Messrs. Editors,—Permit me to call the attention of your readers, to the value of Stramonium in Neuralgia.

I am aware that this narcotic is sometimes administered in this intractable disease, but so far as my own observation extends, it is by no means a common remedy. Here in the West where the Intermittent form of Neuralgia is so prevalent, Quinine and Carb. Iron are principally relied upon in its treatment, yet these not unfrequently fail to arrest it. I have, however, to meet with the first instance that has failed to yield to Stramonium. In some of the cases in which I have used it, Quinine, Carb. Iron, Opium, Aconite, Chloroform, had been tried without success.

Although I have used it principally in Intermittent Neuralgia, I have also found it superior to any other remedy in that department upon Spinal irritation, or connected with general Hyperæsthesia in females—Pleurodynia, &c.

The mode in which I have given it in the intermittent form, is gr. j. of Tilden's Ext. Stramon. Fol. every two or three hours during the intermission, until the system is decidedly affected, indicated by dilated pupil, disordered vision, vertigo, and often hallucinations or mild delirium. When given to this extent, it will generally be found unnecessary to repeat it. Anything less than this will be of comparatively little value. In the other forms of Neuralgia, it is not usually necessary to push the remedy so far.

Beyond the temporary effects following its administration, I have never seen the slightest inconvenience result from its use.

Subsequent constitutional treatment is of course often demanded for the relief of debility, &c.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE
CITY OF GALESBURG, HELD SEPT. 8th, 1860.

At a regular meeting of the Galesburg City Medical Society, held Sept. 8th, 1860, the following report of a committee appointed at the previous session, was received and adopted unanimously, and copies ordered to be furnished to the *Chicago Medical Journal*, and *Chicago Medical Examiner*, for publication :

REPORT.

Your Committee to whom were referred the several subjects relating to the necessities for some legislation favoring the study of *Practical Anatomy* by Students and members of the Medical Profession ; for a Registration Law of Births, Marriages and Deaths, and for the extension to medical men of the privilege of withholding, when called as witnesses, any information derived in the exercise of their professional duties, and which was necessary to the proper discharge thereof ; submit the following preamble and resolutions as expressive of the sense of this Society :

Whereas, in the study of the science of Medicine and Surgery, and to the proper understanding and practice of the same, it is indispensably necessary that the student have an opportunity to become familiar with the science of *Human Anatomy* by practical dissections with his own hand ; and whereas, such course of study is held as pre-requisite to graduation in all well regulated medical schools, and as also held by the public to be of paramount importance to a thorough medical education ; and whereas, both the law and the public hold medical men pecuniarily and morally responsible for knowledge of this science in the exercise of their vocation ; and whereas, the study of Human Anatomy cannot be pursued in this state except in direct violation of the laws thereof, and the liability to severe fines and penalties ; and whereas, we believe this inconsistency and injustice of the law in the requirement of the exercise of this knowledge under penalty, which at the same time, under like penalty, it prohibits being obtained—should be removed ; and whereas, we believe that a proper registration of births, marriages and deaths, is necessary in a legal, medical and sanitary point of view, and will conduce greatly to the general welfare of the inhabitants and the advancement of the industrial interests of the State ;—

And whereas, by the common law of the land and by the rulings of the courts in this State, physicians and surgeons may be made to disclose any information acquired confidentially in their attendance professionally upon any person, no matter how repugnant to their sense of propriety, honor and morality, such may be;—therefore,

Resolved, That we deem it wise and necessary on the part of the Legislature of this State to make some provision which will admit students of medicine and members of the profession to supply themselves with "*material*" from subjects interred at the public expense, when not claimed by relatives or friends, under such restrictions for the protection of the public interest and feelings as the delicate nature of the case may suggest.

Resolved, That a law for the registration of births, marriages and deaths, will contribute much to a better understanding of our climate, vital statistics, sanitary and industrial condition; to say nothing of the legal, historical and medical knowledge otherwise accruing therefrom.

Resolved, That we hold the relation of physician and patient to be of the most private, personal and confidential character; and as such should ever be held inviolate, and as exempt from inquisitorial proceedings as those of the attorney and his client; and in accordance with these sentiments we claim "that no person duly authorised to practise medicine and surgery should be compelled to disclose any information which he may have acquired in attendance on any patient in a professional character, and which information was *necessary* to enable him to prescribe intelligently as a physician, or do any act as a surgeon."

Resolved, That the statutes of the States of New York, Michigan, Iowa, Wisconsin and Missouri, extending to the medical profession these legal privileges, are founded in justice and good morals, and have a proper regard for the peace of families and the community; and therefore, receive our entire approval, in meeting the wants of the profession in this State.

Resolved, That at the proper time this Society will propose a memorial to the Legislature, calling attention to these, as we believe, rightfully statutory provisions, and ask for such enactments as the several cases herewith mentioned may require.

Resolved, That we recommend similar action to other medical societies, and solicit their active co-operation in carrying out the spirit of these resolutions.

M. K. TAYLOR, M. D.,
President.

H. M. STARKLOFF, M. D.,
Secretary.

CLINICAL CASES.

BY N. S. DAVIS, M. D., &c.

Alcohol in the Delirium of Typhoid Fever.

Mr. S——; a middle aged man, was attacked with the ordinary symptoms of Typhoid Fever, and after running a course of moderate severity, under the care of an intelligent and judicious practitioner of this city, convalescence ensued at the end of the third week. Under the use of mild tonics and suitable nourishment he continued apparently convalescent for several days; when the symptoms of fever returned. His pulse became quick; skin dry; mind wandering; slight sub-sultus; and bowels loose. The intestinal discharges were thin and of a grey or ash color, and the urine scanty.

His physician gave him a few doses of Dover's Powder with a small quantity of calomel, which had the effect to change the color of the evacuations, but not their frequency. He then gave small doses of nitrate of silver, and a Dover's Powder at night to procure rest, and endeavored to support the patient by nourishment and wine or porter. The patient, however, continued to get worse. He became more wakeful, more delirious, with more sub-sultus, a feebler pulse, and a continuance of the same looseness of the bowels. Being called in consultation, at this stage of the disease, I did not hesitate to sanction the continuance of nourishment with an increased quantity of stimulants, under the hope that the latter would contrall the delirium and sub-sultus as claimed by Dr. Todd and many others. To counteract an evident tendency to ulceration in the aggregated glands of the ilium, an emulsion of oil of turpentine and tincture of opium was ordered, and regularly administrated. This treatment was continued three days, during which time the intestinal discharges became less frequent, the skin less dry; but the pulse continued frequent and feeble, and the force of the heart's action was decidedly impaired. The vigilance and delirium also increased. It was evident from the weakness of the impulse of the heart, the absence of any noted alterations in the pupil of the eye, &c., that the delirium in this case was functional, and that all the symptoms were such, as Dr. Todd

and others, claim to be under the control of alcoholic stimulants. Hence these stimulants, in the form of porter and brandy had been gradually increased, until during the last twenty-four hours, he had taken of the latter alone, more than a pint; but without the slightest amelioration of the symptoms. On applying the ear to the chest, I found over the middle lobe of the right lung a moderate sub-mucous rhonchus, with diminished respiratory murmur over the lower lobes on both sides.

Being satisfied that the alcoholic stimulants were doing no good, and that passive engorgement of the lungs had already commenced in addition to the previous grave symptoms, I advised his attending physician to omit all the alcoholic stimulants, and to give the following:

R. Strychnine,	1 gr.
Nitric Acid,	3 i.
Tinct. Opium,	3 ii.
Water,	3 ii.

Mix, and give a teaspoonful every 4 hours in sweetened water; also one of the following powders two hours after each dose of the strychnine solution, viz:

R. Pulv. Doveri,	3 i.
Pulv. G. Camph.,	12 grs.

Mix, and divide into six powders. He was also well supported with beef-tea or soup, salted with chlorate of potassa. During the first twelve hours after the stimulants were discontinued, he was very restless and delirious; he then became quiet and slept almost continuously for five or six hours, being aroused only to take a few spoonfuls of nourishment at suitable intervals. On awaking, he appeared feeble, but less delirious than for several days previous. The evacuations from the bowels, though not frequent, continued thin and greyish brown. On this account 10 drops of oil of turpentine were given in the form of an emulsion in place of the powders, one of the latter to be given in the evening only. At the end of forty-eight hours after commencing the use of the strychnine, the patient was entirely free from delirium, and all his symptoms improved. Soon after that, however, he complained of

severe stiffness in the muscles of the neck, with occasional sudden muscular twitchings, and the discontinuance of the remedy was deemed advisable. In its place he took, every four hours, a pill containing nitræ argent. one-third of a grain and opium half a grain, and continued the turpentine emulsion, together with the same nourishment as before. Under a continuance of these remedies he fully convalesced in about four days.

Typhoid Fever with Paralysis of the Muscles of Deglutition.

Miss C——, a Norwegian girl, aged 13 years, had been sick and under the care of a physician for little more than two weeks, before she came under my care. From what I could learn, she had been laboring under the ordinary symptoms of a grave case of Typhoid Fever; and had been treated with diffusible stimulants moderately, and a fair supply of nourishment. I found her with a small feeble pulse, 110 per minute; skin dry but not hot; face rather suffused with a dark or venous redness; extremities cool; bowels quiet; and total inability either to swallow, speak, or protrude her tongue. She was conscious and apparently rational, and made an effort to answer a question, but could not command the necessary muscular action. The mother said she had not swallowed a drop or spoken a word during the past two days. As it was evident that the force of the heart's action, and all the other important functions were failing under the combined influence of disease and starvation, I ordered the following:

℞ Strychnine,	1 gr.
Nitric Acid,	20 gtt̄s.
Tinct. Opii,	ʒ ii.
Water,	ʒ ii.

Mix one teaspoonful, to be put into a teacupful of beef-tea, and injected into the rectum, and repeated every six hours. These injections were wholly retained and absorbed. This course was continued faithfully for two days; during which there was a decided improvement of the pulse, the color of the skin, and the expression of countenance. Near the end of the second day, she succeeded in swallowing two teaspoonfuls of milk.

On the following morning, she took several spoonfuls of milk with much greater facility. Still she could not speak. I now ordered the same medicine to be given by the mouth, in doses of 30 drops, every four hours; and a gill of sweet milk half way between the doses of the medicine.

On the fourth day after she came under my care, she could swallow quite easily, and speak, but not distinctly. Several evacuations from the bowels had also occurred, the discharges being liquid, and of a brown color. On this account I extended the interval between the doses of Strychnine, to six hours, and gave of oil of Turpentine and Tinct. of Opium, each eight drops, half way between. A liberal supply of milk was allowed for nourished, with the addition of rice. Under this treatment she continued to improve, and was fully convalescent at the end of ten days: which was about twenty-six days from the time her fever commenced.

Remark.—The strychnine was given in both of the preceding cases, from its known efficacy in increasing innervation and muscular contractility, and thereby increasing the force of the heart's action, and sustaining the functions of circulation and respiration.

BOOK AND PAMPHLET NOTICES.

THE PRINCIPLES AND PRACTICE OF MODERN SURGERY. By Robert Druitt. Published by Blanchard & Lea, Philadelphia.

This is an admirable edition, just prepared from the last English edition. It contains one-third more matter than the previous edition, and has received a number of valuable additions from the American edition. The chapters on the Ophthalmoscope, on Ovariectomy, on Vesico-Vaginal Fistula, on the radical Cure of Hernia, and on the Excision of the Knee Joint, are especial improvements upon former editions. Not the least of the practical advances made by the author, is the recognition of the fact that Pymæia is but a result of Erysipelas,

and is a preventable accident, so that very much of the mortality after hospital operations is unnecessary.

These views were promulgated by the writer of this notice several years ago, and it is gratifying to see that other Surgeons are arriving at the same results. Meanwhile, the practical result of this advance, is, that in Mercy Hospital, Chicago, no patient has died or lost a limb from traumatic erysipelas, and no case of pyæmia occurred since the writer had charge of the Surgical wards.

E. A.

ON THE THEORY AND PRACTICE OF MIDWIFERY. By Fleetwood Churchill, M. D., M. R. I. A., &c., &c., &c. With additions by D. Francis Condie, M. D., &c. A new American from the fourth corrected and enlarged English edition. Philadelphia: Blanchard & Lea, 1860.

The old students of "Churchill's System" will scarce recognize in the present portly volume of six hundred and fifty-odd pages, closely but clearly printed, something smaller, but as distinctly-typed matter, the familiar volume of 18 and 18 ; and which he prizes with his "Wilson," "Wood" and "Carpenter"—the very "household words" of his medical vocabulary.

But with its growth of bulk its value has increased ; and if he set much store by it in his early day, he will prize it none the less in its maturity and fullness, now that he, himself, has waxed somewhat more pondrous, mentally and physically.

We are not sure but it may be supererogatory to enter at this time into the details of what must be an almost unqualified approbatory criticism ; for the merits of Dr. Churchill's work as a text-book and epitome of obstetrics, its exceeding richness in statistics, its fullness of detail and general accuracy, and its author's prominence in the branch he has made the speciality of a long life, are well known to the profession.

The careful and elaborate revision, however, the important addition, and thorough posting-up to the present time, of everything especial or noteworthy in obstetric science, as well by the American editor as by the English author, warrant us in, at least, calling attention to it.

The most notable additions to the present volume, are the chapters entitled "*Obstetric Morality*" and "*Qualifications and Duties of Monthly Nurses*"—the latter being a collation of extracts from Churchill's "*Manual for Midwives and Monthly Nurses*," by the American editor, and not found in the Dublin imprint. The former is an essay on the operation of craniotomy, the result of a controversy upon the subject, which occurred during 1858, between Churchill and a writer in "*The Dublin Review*." The treatise is exhaustive, logical and satisfactory, settling definitely the mooted point which has distressed many very worthy people, who have allowed religious prejudice to overcome their common sense.

Dr. Churchill claims, and we think, truly, that no English author has hitherto entered so fully into the subject.

F. W. R.

O'REILLEY ON THE PLACENTA AND NERVOUS SYSTEM.

This recent little book consists of a series of papers published from time to time in the *American Medical Gazette*, entitled, "The Anatomy and Physiology of the Placenta." "The connection of the nervous centers of animal and Organic life." This last subject is illustrated by vivisections, and is illustrative of the influence of the maternal organization upon that of the foetus through the placenta.

There is also a paper containing "observations on syphilitic iritis."

These papers are ingenious and elaborate arguments in favor of the opinions of the author, as to the nature of the structure and functions of the placenta.

Although these opinions differ very decidedly in many respects from the doctrines of the present day, and come nearer a representation of those held by Hippocrates than Coste, Cazeau and other modern accepted authors; Dr. O'Reilley has shown a zeal and tenacity in favor of them, which make us believe in his honesty of purpose.

W. H. B.

SELECTIONS.

INFANTILE PATHOLOGY AND THERAPEUTICS.

BY A. JACOBI, M. D.

On Spinal Infantile Paralysis (Spinale Kinderlahmung.) By Jacob V. Heine. (*Zweite Auflage. Mit 14 Tafeln. Stuttgart, 1860, pp. 204.*)—Dr. Heine's book on Spinal Infantile Paralysis ("essential paralysis") is, properly speaking, another edition of the same author's "Observations on Paralytic Affections of the Lower Extremities and their Treatment," published in 1840; but the number of cases reported, and the increase in observations and pathological investigations, is such as to justify both the change of the title, and the altered appearance of the work in general. It is but justice to the celebrated writer who is universally acknowledged as principal authority on the subject of infantile paralysis, to commence by giving his views as fully and concisely as our space will admit.

Essential or infantile paralysis runs its course in two stages, the first of which is sudden in its appearance. It has generally a very mild character, the child showing some symptoms of slight fever in the evening, and being paralysed when taken up in the morning; sometimes, however, it is more serious, the fever being high, congestion and general irritation, and symptoms of difficult dentition, being present. The child is restless, will cry in paroxysms, the eyes are half open during sleep; there is sometimes vomiting, diarrhœa, and the symptoms of rheumatic fever; in a very few cases the first symptoms of an acute exanthema, and in some even convulsions, the attacks of which will sometimes return. After this the child is quiet, fatigued, and paralysed. Paralysis mostly affects the lower extremities, sometimes an upper one at the same time; frequently one lower extremity only, without any affection of the arms; in some cases paralysis is of so local a nature as to affect single muscles only. The urinary bladder and rectum are sometimes debilitated, but never paralysed for a longer period.

The second stage is that of paralysis. *Turgor vitalis* is diminished, skin and muscles are flabby. Sensation little or not at all affected. Paralysis of the trunk and arm disappears gradually, debility of the back only remaining and leading to paralytic scoliosis. If the two lower extremities are affected, one will, in the course of time, recover its mobility; sometimes only a number of muscles of the leg and foot remain paralysed, this result being probably brought on by the resorption of ex-

uations. This partial recovery, however, will cease to go on after four or eight weeks. Then temperature, fat, and muscles diminish, the bones decrease in length and thickness. The muscles will undergo shortening, retraction setting in first in the tendo Achillis, and producing gradual contraction, and lastly deformities, in consequence of repeated attempts at locomotion. Lateral curvatures of the spinal column are frequent. The skin assumes a bluish tint; frostbites and ulcerations are the consequence of the diminished power of circulation. Bowels often move slowly and insufficiently; menstruation is not affected, and was even observed by Dr. H. in a girl twelve years old. Mental and sensory functions are never affected; the diseases of infantile age, and others too, are easily overcome; and not unfrequently patients will reach an advanced age; there is on record the case of a man who arrived at the age of forty-nine years.

The diagnosis from cerebral affection is not very difficult.—Wherever there are any cerebral symptoms in the beginning, they will readily disappear in this paralysis. Contraction is never observed in the commencement, the limbs are perfectly paralytic, and paralysis takes place at the same time in all the affected parts; it has a tendency gradually to diminish, but not to progress. Both arms are never affected at the same time, nor are the arm and leg of the same side; but always either both legs, or one leg, or one arm. Affection of the trunk is not unfrequent, and produces paralytic scoliosis; in such cases the motory nerves of the lumbar and sacral plexuses of either side, and those which ascend on either side of the spinal cord, are affected. This affection is unilateral in hemiplegia. Where one arm only is paralysed (a rare occurrence), the affection has its seat in the brachial plexus of the same side; in these cases generally all the muscles are affected. Cases of transverse paralysis are very rare indeed. Sensation is hardly affected, except in the very commencement, and then, too, but slightly. There is no pain in the secondary period.

The decrease is greater than in spastic cerebral hemiplegia or paralytic kyphosis; it diminishes from the center to the periphery, and has been observed to be as low as sixty-three and a half degrees. Motion, nervous influence, and circulation are certainly diminished, and thus the diminution of temperature is readily explained. Arteries and veins have been found smaller, and to such a degree this diminution in size and lumen may extend, that Hutin has a case in which a number of smaller blood-vessels had entirely disappeared.

The diagnosis from wasting palsy (*atrophie musculaire progressive*, Cruveilhier) is given by the fact, that in wasting palsy

atrophy is the primary injury of which paralysis is the natural consequence, whereas in infantile paralysis the palsy is primary, being brought on by diminution of both nervous influence and circulation of the blood.

Deformities, in the course of infantile paralysis, do not take place except after a lapse of two or three years, and after repeated attempts at locomotion : whereas in cerebral and spastic hemiplegia, strong contractions of the healthy muscles set in from the commencement, with subsequent deformities. These are : 1. *Pes equinus*, from contraction of the *tendo Achillis* ; 2. *Pes varus*, from contraction of the *tendo Achillis*, with contemporaneous paralysis of the *peronei* ; 3. *Pes valgus*, from contraction of the *tendo Achillis*, with paralysis of the *tibialis anticus* and *posticus* ; 4. *Pes calcaneus*, from paralysis of the *tendo Achillis*, etc. ; 5. Contractions of the knee and hip joints, from paralysis of the extensor muscles. In the kind of *pes varus* alluded to, the deformity is the consequence of the paralysis of some single muscles which have lost the power of reacting on galvanic influence (always unaltered in cerebral and spastic contraction) ; further, the ligaments of the ankle-joint are very loose and flabby, to such an extent that the foot is very apt to turn upwards or downwards ; whereas congenital *pes varus* never shows this abnormality. It must, however, not be forgotten that all the deformities may be found occasionally in one individual. Wherever the paralysis affects an upper extremity, it is generally complete ; thus contractions and consecutive deformities are out of the question. The paralysed arm, however, is apt to increase in length from hanging downwards. Nevertheless, the arm has been found shortened by one to two inches, the lower extremity by two to six inches, the bones sharing throughout the fate of the soft parts ; even the *petalla* has been diminished in size one-third. All the epiphyses, protuberances, and the pelvis, take part in the general lack of development. This fact coincides with the experiments of Prof. Schiff, of Berne, Switzerland, showing that the bones become atrophied, in dogs, after the nerves have been cut ; the ligaments become loose and flaccid.

There is a large amount of calcareous matter contained in the urine at the time when the muscles undergo a rapid process of atrophy. Dr. H. declares to have no personal knowledge of this fact, as he did not examine the urine at the proper time.

The number of cases of infantile paralysis recorded by Dr. H. amounts to 192. Of these, 158 were such as he comprehends under the name of spinal infantile paralysis. Of these were cases of *Paraplegia*, 37—males, 17 ; females, 20. *Hemiplegia*, 34—males, 18 ; females 16. *Partial paralysis*, 84—

males, 44; females, 40. Paralysis of one arm was observed in two cases; it was very intense, not complicated with paralysis of the lower extremities, and resisted every attempt at a cure. Paralytic lordosis was observed in one case. The etiology of infantile paralysis is best shown in Dr. H.'s opinion, by the time in which the majority of the cases occur, viz: the second and third half year. In this period the nervous system undergoes a considerable development, and therefore a great tendency to alterations readily explained. Dentition, acute and chronic exanthems, hyperæmic affections, congestion and irritation, meningitis, exudative process, are mostly observed about this time. Frequently just such children are affected as show the most prominent symptoms of perfect health and a good constitution. The main symptoms of the first stage of the disease are fever; high temperature; tendency to fright; convulsions; dentition; and sometimes a pain along or on some part of the vertebral column. The feverish and exudative character of the malady is further shown by the fact, that a partial recovery may take place in the commencement of the trouble, which will cease to go on at a later period.

Dr. H. has seen some cases of rheumatic paralysis which could be mistaken for infantile paralysis; but they are very rare. After the paralysis has become the only symptom of the disease, viz: in the second stage, the diagnosis from cerebral affection is given by a number of secondary symptoms:—1. Entire integrity of the cerebral functions. 2. Entire absence of galvanic irritability in the paralysed limb. 3. Paralysis follows immediately on the general and local morbid symptoms of the first onset. 4. Paralysis is frequently observed in both of the lower extremities, and localized in them; hemiplegia being frequently but the remainder of paraplegia. 5. Paralysis is of a very intense nature. The subsequent curvature of the spine has a decidedly paralytic character. 6. Atrophy and decrease of temperature is more remarkable than in paralysis following on cerebral affections. Prof. Budge has found both symptoms remarkably strong in animals after he cut their spines. 7. Paralysis of one arm, which has sometimes been observed with similar symptoms, was proved by post-mortem examinations to be brought on, not by cerebral affection, but by a hyperæmic condition of the very part of the spine from which the branchial plexus takes its origin. 8. Local paralysis with entire loss of the power of standing, has always, and universally been ascribed to a disease of the spine. Infantile paralysis, as such, Dr. H. declares to be incurable. At all events, this fact would prove a great difference from paralysis excited by peripheric causes.

A merely superficial examination shows that the seat of the alteration must be deep and central. The grey substance of the spine is very hyperæmic even under normal circumstances. Thus it is no wonder that partial lesions should be frequent. A lesion of the spine as a whole is very rare; but Prof. Schiff has proved by experiments that complete paralysis may follow on the alteration of a limited part of the medullary substance. Generally a lesion of the right side of the spine will produce a paralysis of the right limb, and vice versa. Sensation may be unaffected, a circular pain being felt only in cases of mere compression of the spine by dilatation of the blood-vessels and exudation, or by diseases of the meninges. Sensation may be unaltered, without even this circular pain, in cases where the anterior lateral parts of the spine are diseased. It will be totally lost, but the function of touching kept, in diseases of the anterior parts and the whole of the grey substance. Paralysis may be partial in cases with slight and very limited affections of the spine.

As infantile paralysis has no tendency in itself to terminate fatally, there are naturally but a few post-mortem examinations on record. A very general result was atrophy of the limbs, especially of the muscles, and their degeneration into adipose, or in one case, cellular tissue. Nerves and arteries require a longer time and have less tendency to become atrophied, but they have been found so. Even the grey substance of the spine is sometimes greatly diminished in volume.

The treatment has to differ according to the stage. As to the first stage, treatment comes generally too late; wherever it is timely, antiphlogistic measures are to be resorted to. Leeches and cold applied to head and spine; flying vesicatories to the spine, particularly over the region of the brachial and lumbar plexuses; lancing of the gums, if necessary; and calomel, in the beginning in large, and later in smaller doses. In the second stage, the entire or partial recovery (the former being exceedingly rare) depends on the nature of the case: on the amount of moving power remaining; on the duration of the disease; the degree of atrophy; the age of the patient, and his perseverance in following up the requisites of a rational cure. The indications are these: 1. To bring on resorption of the extravasation or exudation; compressing the spine; flying vesicatories, or croton oil applied locally; iodine of potassium and cod-liver oil internally; and salt baths. 2. To remove the paralysis symptomatically; administration of *mux vomica*, two daily doses of one-sixteenth to one-sixth grains of *strychnia* (at the same time one-fourth of a grain *endermatically*), until electric movements of the limbs are produced, and

again after these symptoms have subsided. Embrocation of alcoholic remedies; caustic ammonia; mustard; sea baths. In scrofulous individuals, sea baths, iodine of iron, cod-liver oil, nutritious diet. 3. To remove the muscular atrophy; Stimulant baths; salt baths; animal baths; frictions; gymnastic exercise; local faradization after Duchenne's method. 4. To prevent deformities or to remove contractions; Mechanical appliances for standing and walking; india rubber bandages; emollient salves; oil; apparatus for exentsion; Scarpa's shoe; tenotomy; supporting apparatus; kneading; frictions. Local use of electricity is of little or no use, as, in the majority of cases, no reaction at all is observed. Junod's apparatus will increase, momentarily, turgescence and temperature, without, however, having a continuous effect. The general constitution is to be supported by quinine, iron, proper diet, and baths; and several of the remedies and appliances have to be combined, in many cases, in order to produce a sufficient, if any, effect.—*American Medical Times.*

ILLUSTRATIONS OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.—SERVICE OF DR. MEIGS.

Herpes Zoster.—A strong, robust sailor came into the hospital on Monday last, having been sick for five days. He had first been taken with a pain in his right side, of a sharp, extremely severe character. He complained then of nothing else but this pain. Three days later an eruption appeared on the back of his right side, and extending around the loin, on that side. It presented the well marked characteristics of herpes zoster. The pain still continues, but not as severe as before the eruption.

Herpetic eruptions are generally associated with a disordered state of the blood. The pain is characteristic of the disease; it frequently continues for weeks, and sometimes even months after the eruption has gone.

The treatment in this case was a blue pill at night, followed by castor oil. Locally a belladonna plaster may be applied, or a liniment, composed of tincture of opium, aconite, and sweet oil. Watson recommends to give iodide of potassium and quinine, if the pain is very severe.

Pathological Specimens—Remarks.—The patient from whom the first specimens were obtained had entered the hospital on the morning of ——. He was thirty years of age, and for some time back had been very dissipated, having had several attacks

of delirium tremens. He presented the symptoms of approaching delirium tremens when entering; white tongue, tremulous movements, pulse somewhat frequent, pale countenance; he was put on tincture of bark and lupulin. He did not sleep. Toward evening on the day of entrance his pulse rose to 120, and still later at night he became suddenly worse. The pulse rose to 130-40; the patient sank in a comatose condition, and died at four o'clock in the morning.

On Post-mortem examination, a very small amount of urine was found in the bladder, and this, on being tested in the ordinary method, was found to contain albumen. This strengthened the suspicion that his death was due to uræmic poisoning, rather than to delirium tremens.

The *liver* was somewhat enlarged, and on microscopical examination, found to be loaded with fat cells, and oil globules.

The *kidneys* presented the usual appearances of atrophy from granular degeneration with the microscope, and were found to be deprived of their epithelium, and the cortical substances very much diminished.

The *heart* was not fatty; the *lungs* were healthy.

Uræmia in this case was the chief cause of death. As the renal degeneration advances in these cases, and the kidneys fail to eliminate the urea from the blood properly, the urea gradually accumulates in the system, and, acting upon the nerve centers, as an irritant narcotic poison, produces often, very suddenly, convulsions, delirium, or as in this case, coma and death.

Diphtheria.—The next specimens presented were taken from a man 24 years of age, a strong, well built German, tailor by trade, who came to the hospital on Thursday afternoon, at 4 o'clock, P. M.

He stated, on his admission, that he had been taken sick on Saturday afternoon previously, but did not feel very sick until Thursday, when he walked to the hospital, a considerable distance.

His pulse was then 122; all the faucal structures were much tumified; the palatine arch, tonsils, uvula covered with a dirty white, greyish exudation; the external cervical lymphatic glands behind and below the ramus of the lower jaw were tumified and hard. There was, and this is of especial importance in acute diseases of the fauces, in croup, scarlatina anginosa, maligna, diphtheria, etc., acute œdema below the chin; there was difficulty of swallowing, his breathing labored, more

frequent than natural; there was stridor trachealis, not, however, the croupy stridor. In adults we rarely find, even in true membranous croup, the confirmed croupy stridor of infancy, on account of the different anatomical relations of the tracheal and laryngeal passages. Articulation was indistinct.

The patient became rapidly worse; at night the pulse was 132; he sank rapidly, and died toward morning. He was conscious almost to the last.

A *post-mortem* examination was made, and the specimens are here presented.

You see the tongue, the palatine arch, tonsils, uvula, all swollen, and covered, more or less, with patches of exudation of a dirty, greyish color; going into the trachea we find a thick pseudo-membrane filling it almost completely, and extending into the secondary and tertiary ramifications.

Within a very short time some continental writers have stated in journals, that *albumen is almost always present in diphtheria*. We have examined the urine of this patient, and here you see quite a copious precipitate of albumen thrown down on the application of the heat and nitric acid tests. This is the first case in which I have had occasion to observe this phenomenon.

There is no doubt, from this and other facts, connected with this disease, that it depends upon a blood poison. Some believe it to be identified with, or analogous to scarlet fever, depending upon the same cause. Yet, though both diseases may have something alike, both being blood diseases, yet we cannot consider them the same. Second attacks of scarlet fever are very rare. A patient who has had scarlet fever once, is almost sure to be protected from another attack of the same disease. Not so with diphtheria. Diphtheria does not protect against scarlet fever, nor *vice versa*.

In reference to the treatment of this, generally mild, but not unfrequently formidable disease, I prefer in the early stages the golden sulphate of antimony, in combination with Dover's powder;—say $\frac{1}{4}$ of a grain of the former to $\frac{1}{2}$ a grain of the latter. Absolute repose in bed is imperatively demanded, as in all diseases depending upon a blood-poison. In the latter stages, and when the disease is of a very adynamic type, iron and quinine are indicated.

As a local application I prefer capsicum. The patient may either drink capsicum tea, or his throat may be swabbed with a strong infusion of capsicum.

A good formula for the latter purpose is,

R. Capsici,	ʒ ii.
Acid. gallic.,	ʒ ii.
Aquæ,	f ʒ i to f ʒ iss.

Stimulating applications around the throat and neck are of service. A very good one is a mixture of equal parts of tincture of capsicum and fincture of cantharides, to be applied until the skin is reddened, and repeating when the effect begins to pass off.—*Med. and Sur. Reporter*, Sept., 1860.

OBSTETRICS.

On Iodine Injections in Ovarian Cysts.—By Prof. Seuh.—

The primary action of iodine injections on ovarian cysts is remarkably variable; and that not only according to the quantity and dilution of the tincture, the amount of the still remaining contents of the cysts, and the peculiarities of the individual, but also according to the condition of the cyst itself as regards its thickness, solidity, its connections with surrounding parts, its surface, and the abundance or scarcity of the supply of vessels—leading to the greater or less stimulation of the cyst, as well as its influence on the nervous system. The peculiarities of the walls of the cyst due to their permeability, and their capability of exosmose and endosmose, cannot be determined beforehand with any exactitude, not only in different patients, but even in the same patient, in a case of repetition of the injections—changes being determined in the texture of the sac which cannot be appreciated. A certain quantity of the tincture, which on the first occasion scarcely exerted any local or general influence whatever, may on a repetition of the injection give rise to the most violent and dangerous symptoms. This is the more extraordinary because the same disparity of effect is not observed in other affections in which the iodine injections are employed, *e.g.* ascites, abscess, thyroid cysts, enlarged bursæ, etc.

The author has studied the primary effects of injections on fifteen occasions. Sometimes there is no pain or tenderness on pressure; or if the latter exists to some extent, it only lasts for a day or two, the iodine freely passing into the urine from the commencement. Sometimes severe pain is produced at the time of the injection, which persists with exacerbation, or it only first comes on some time after the operation. At the same time a great change in the general condition is noticed—restlessness, vomiting, sleeplessness, faintness, and rapidity of pulse

being among the symptoms. In some cases the pulse remains unchanged, but great alteration has taken place in the countenance. In other instances the pulse is very small and feeble, as well as rapid, the extremities are cold, and consciousness is temporarily lost—alarming symptoms that may continue for several hours or a day, and then gradually cease. Not only is iodine found in the urine a few minutes after injection, but likewise in the saliva and in the vomited matters; this iodine reaction being exhibited for from four to twelve days, although the other symptoms have usually terminated earlier. In some cases the primary influence seems to be expended on the cyst and its vicinity, since great pain and tenderness arise, to be followed by shivering and heat, indicating either suppurative inflammation of the cyst, or the development of a dangerous peritonitis. There can be no doubt that the symptoms of poisoning above mentioned arise chiefly from the rapid passage of the iodine into the blood; but although the nervous system may be principally affected, through this, its becoming so so rapidly in some cases also indicates a primary action of the iodine upon it.

The *indication for the iodine injection* is the existence of a unilocular globular cyst which has not reached too great a size, having but thin walls, presenting an equal resistance at all points, and containing thin, serous fluid. In order the better to judge of these points, a preliminary puncture of the cyst should always be made, discharging the contents as far as possible. The manner in which this preliminary puncture is borne—*i.e.* with respect to the amount of irritation produced—will give some idea as to the quantity and concentration of the fluid which is hereafter injected. This injection should be proceeded with as soon as the fluid has collected again in sufficient quantity for a puncture to be made without risk of injury to the intestines, it being by no means desirable to wait until the tumor has reacquired its former volume. When after the preliminary puncture a large mass is still left behind, we may conclude either that the walls of the cyst are thick and vascular, that there are multiple cysts, that there are villous or other pediculated growths from the inner wall, or that the cyst is interwoven with fibrous or other parenchymatous structure. These circumstances diminish greatly the chance of success, or they prohibit the performance of the injection. In some rare cases, indeed, in which two or three cysts have existed, the injection of the largest of these has sufficed for a cure; the iodine, through the operation of endosmose or exosmose, exerting its influence upon the smaller cysts; or the smaller cysts having become perforated through the larger, the remedy thus gains

access to all. But upon such exceptional instances the surgeon cannot count. In very large cysts, by which great traction of the viscera, dyspnœa, etc., have been induced, and in cysts exhibiting irregularities of surface and indurations, which may arise from the aggregation of numerous cysts, or from the presence of fibrous, carcinomatous, or other degenerated masses, the idea of the injection should be entirely abandoned. It would lead to a more rapid growth, or give rise to suppurative inflammation. When the puncture gives issue to the thick, gelatinous fluid, this indicates a condition of the walls of the cysts not easily influenced by iodine. It is very rare for such fluid to become thinner and more serous on subsequent punctures.

The fluid to be injected should amount to from two to six ounces, consisting of tincture of iodine diluted by from one to eight parts of water, adding a scruple of iodide of potassium. As the extent of its stimulating power cannot be always foreseen, it is best, especially on the first occasion, and when the cyst has been nearly emptied, not to employ it too concentrated. The desirableness of preventing access of air during the injection is obvious: and the canula and tube affixed to the syringe are best made of platinum, this being the metal upon which iodine exerts least action. The fluid is not to be allowed to run out again; but should very severe pains follow immediately after the injection, some water should be thrown in, in order to effect dilution. The stimulation of the cyst by the iodine usually leads to an inflammation which is limited to the walls of the cyst. The serous exudation is increased, and the tumor in a few days reacquires the size it had prior to the operation. After then the size again gradually diminishes, and it is a very favorable sign when with such diminution in size an increase of resistance or an actual induration is perceived. This latter condition is due to coagulation of albuminous matters induced by the iodine, and these are often so thick that a repetition of the puncture at this period gives issue to no fluid, or only a very small quantity. After weeks or even months further changes take place, in virtue of which the coagula disappear, and the contents of the sac again become serous. As long as any diminution in the size of the tumor is observed, however slow in progress this may be, no repetition of the operation should take place; nor should such repetition be put into force as long as any considerable tenderness on pressure remains. It is indicated when the inflammatory condition has been quite transitory, and when the enlargement takes on an increase or remains completely stationary for longer than six weeks. In some cases the repetition may be necessary from two to six

times. When from the entrance of air, or other cause, foul suppuration, with extrication of gas, is engendered, and there is tenderness on pressure, fever and loss of strength, a simple puncture should be made, and a catheter left in or the aperture enlarged. In all such cases a most careful cleansing of the cavity by means of repeated injections of water or decoction of bark should be effected. It has been said that by repeated iodine injections the contents of a cyst may be converted from a purulent to a serous fluid; but in this statement the author puts no trust, a similar result never being produced by injection of abscesses.

The statistics of the results of the iodine injection are given very differently by different authors. This seems to have arisen more from the mode in which the cases were chosen, and the degree of exactitude with which they were reported, than from trifling differences in the operative procedure. The author can only speak personally respecting six cases for which fifteen injections were employed. In only one of these did complete recovery take place, and that after a second injection. It was the only one of the six which united all the conditions necessary to secure a favorable issue. In a second case the cyst was bilocular, and a slight diminution of its size only resulted from five injections. The others were multilocular cysts, or the cysts contained a thick, gelatinous fluid—constituting cases which were, according to the author's present conviction, unsuited for iodine injection. In two of them no essential change was produced, and in the others the end of the patient seemed to have been hastened, partly through the speedy repetition of the operation, and partly through suppurative inflammation and peritonitis being induced.—*Zeitschrift der Aerzte zu Wein*, 1859, No. 48.—(*Medical Times and Gazette*, June, 16, 1860.)

PRACTICE OF MEDICINE.

On the Rational Treatment of Delirium Tremens.—By Prof. *Dunghison, of Philadelphia.*—In a letter to Prof. *Laycock.*—[In the *Edinburgh Medical Journal* for October, 1858, I gave a series of cases of delirium tremens, all treated successfully without opium or alcoholic stimuli. I showed, too, that the delirium and sleeplessness indicate comparatively harmless conditions of the nervous system; that they are usually symptoms of some disease occurring in persons of drunken habits; that they usually cease within a given time, spontaneously; and that the proper method of cure is to treat the general or

particular morbid state, whatever that may be, with which the delirium is associated. I further showed that opium and alcoholic stimuli, as generally recommended for this disease, were not only useless, but dangerous drugs. The paper has attracted considerable attention both at home and abroad, and will, I trust, have a beneficial effect in the management of this class of cases. The subjoined letter, addressed to me by Professor Dunglison, seems so well calculated to advance this object, that I have ventured to publish it. And I feel the more warranted in doing this, because it is simply an act of justice to Professor Dunglison, inasmuch as it proves that he was among the earliest advocates of a more rational method of treatment of delirium tremens.—T. L.]

PHILADELPHIA, Feb. 21, 1860.

Dear Sir:—Some time ago I had contemplated expressing to you the satisfaction I felt in persuing the views you entertained on the subject of the treatment of delirium tremens, of which I had, at one time, an opportunity of seeing much in the wards of the Philadelphia Hospital attached to the extensive Almshouse of this city, and containing upwards of 2000 inhabitants; but circumstances withdrew my attention from the subject, until it was revived by an article in a late number of the *British and Foreign Medico-Chirurgical Review*, and by Dr. Inman's recent work, entitled "Foundation for a New Theory and Practice of Medicine."

It has been not a little gratifying to me to find that, without having seen what I have written on the subject, you should have arrived at results so nearly corresponding with those of my own observation. In the *American Medical Intelligencer* for May, 1842, of which I was editor, I inserted the following article, "by the Editor."

On the Eclectic Treatment of Delirium Tremens.—In a recent work, *Practice of Medicine*, vol. ii. p. 346, Philadelphia, 1842, we have stated that the course pursued by us in the treatment of delirium tremens has been entirely eclectic, in many cases expectant, and that the results have been such as to satisfy us. Under the view which we entertain of the nature of the affection—that the irregularity of nervous action is usually induced by the withdrawal of an accustomed stimulus, and that the recuperative powers are generally entirely sufficient to bring about the necessary equalization—we have treated the mass of the cases which have fallen under our care without either excitants proper, or opiates. In the first instance, an emetic is given at times, if the patient is seen while laboring under the effects of a debauch, or any particular reason exists for its ad-

ministration; and afterwards, a state of tranquility in the chamber is enjoined—the intrusion of too much light and noise being prevented; and, when the stomach will retain it, gently nutritious and easily digestible diet is prescribed, the bowels being kept open by gentle cathartics;—and this has comprised the essential part of our treatment. In time the hallucinations have disappeared, sleep has returned, and entire restoration supervened. The preceding remarks are a proper prelude to the statistical account of the Women's Lunatic Asylum, at the Philadelphia Hospital, for the years 1840 and 1841, which is under our charge during the six months commencing on the first of November and ending on the first of May, and under that of Dr. Pennock for the other half of the year. It may be proper to add, that since November 1, 1841, to the present time (May 1, 1842,) not a drop of alcoholic liquor has been used in the treatment of delirium tremens in the Women's Asylum, although some severe cases in the third stage have occurred, which, notwithstanding, terminated most satisfactorily.

Patients admitted into the Women's Lunatic Asylum of the Philadelphia Hospital.

YEAR 1840.

	Cases admitted.	Cured	Died.
Intoxication,	25	25	..
Delirium Tremens, 1st stage.....	34	34	..
“ “ 2d stage.....	10	10	..
“ “ 3d stage.....	4	3	1

The fatal case was not seen by us. The patient died on the morning after her admission into the hospital, and had been treated in the city for nearly a week previously.

YEAR 1841.

	Cases admitted.	Cured.	Died.
Intoxication.....	19	19	..
Delirium Tremens, 1st stage.....	21	21	..
“ “ 2d stage.....	9	9	..
“ “ 3d stage.....	6	6	..

In the third edition of my *Practice of Medicine*, (Philadelphia, 1848,) I state further: “A more recent authentic abstract of the number of patients admitted into the same asylum, from the 1st of November, 1844, to the 4th of February, 1845, exhibits that thirty-two cases were received, eighteen of which are classed as intoxication. Of these not one died. The treatment here again was eclectic, often expectant, and not a drop of alcohol was given.”

The results of the above plan of treatment were referred to some time ago, in an interesting pamphlet on “Rational Medi-

cine," by Professor Worthington Hooker, of New Haven; but as I had doubts whether either the *Medical Intelligencer* or my *Practice of Medicine* is in the libraries of Edinburgh, I have copied from them what bears on the rational view which you have embraced of treating delirium tremens. As I have remarked in the latter work: "It has, in the first place, restored the individual to health, not, perhaps, as rapidly as either brandy or opium, but more permanently. The term 'restoration to health' is hardly, indeed, applicable to the change effected by the former remedy. The patient is merely placed in the condition in which he was before the stimulus was withdrawn; and as he was 'restored' by the brandy, he is apt, as before remarked, to regard it as indispensable to his healthy condition. In the 'total abstinence' plan, however, the habit of drinking is broken in upon; and even if it should require a short time longer to restore the individual, there is the consolatory reflection, that delay is not useless, and every day's privation of the wonted stimulus diminishes the feeling of necessity, and the desire for it. One evidence of the good effect of the course is, that they who are dismissed cured rarely or never return to the wards. This is an observation that has been made at the Philadelphia Hospital; and as it concerns paupers, it is probable that the cures are real and permanent, for, were it otherwise, they would, in subsequent attacks, be compelled, in their destitution, to seek the wards of the same excellent charity."

Pardon me, I pray you, for this long detail, which I hope may not be without interest to you, and believe me, with great respect, yours truly,

ROBLEY DUNGLISON.

LECTURE ON PARTURIENT HEMORRHAGE.

BEING THE FIFTH OF A COURSE ON

THE COMPLICATIONS AND SEQUELÆ OF LABOR.

Delivered in the University Medical College, New York,

BY T. GILLARD THOMAS, M. D.,

Physician to Bellevue Hospital.

Gentlemen:—There are three distinct periods at which the child-bearing woman is liable to an inordinate loss of blood, namely, during pregnancy, during labor, and for one month subsequent to that process.

This division is by no means an arbitrary one, but is demanded by the circumstances of the case, and required for

convenience of study and lucidness of understanding. Even the limit of one month given to the third variety is based upon good grounds, for at the end of that time the heretofore hypertrophied uterus having undergone involution so far as to have arrived at nearly its non-pregnant state, any flow taking place thereafter is properly regarded as disconnected with the puerperal condition.

These three distinct periods divide puerperal hemorrhage into three equally distinct varieties, viz.:

Hemorrhage before labor.

Hemorrhage during labor.

Hemorrhage after labor;

or, as they may be styled for convenience of reference,

* *Ante-partum hemorrhage.*

Parturient “

Post-partum “

The nature of the course which now occupies us will preclude the investigation of the first of these varieties, and we will proceed at once to that of the second.

Parturient hemorrhage includes every excessive flow occurring during the act of parturition, whatever be its source, its violence, or its results.

Sources of Parturient Hemorrhage.

The sources from which this hemorrhage may occur are these:

- (a) The ruptured vessels of the os and cervix uteri.
- (b) “ “ “ “ body of the uterus.
- (c) “ “ “ “ umbilical cord.
- (d) “ “ “ “ vulva.
- (e) “ “ “ which unite the uterus and placenta.

(a) As the os and cervix uteri dilate in the first stage of labor, the arterioles which thickly stud the mucous membrane generally rupture, a small amount of blood pours forth, mingles with the tenacious secretion of the glands of the Naboth, and constitutes what has been called, in the language of the lying-in room, the “shew.” Sometimes this flow amounts to two or three ounces, but this is exceptional, the rule being that it is just sufficient to thoroughly tinge the mucus with which it mingles. It therefore does not deserve the technical name of hemorrhage, and scarcely ever, we may even say never (unless injury has been done by the introduction of the hand or of instruments,) will it do more than alarm a primiparous woman

* The strict meaning of “ante-partum” is “before having brought forth,” and a more exact term would be “ante-parturient,” but the connexion will prevent any confusion, and the substitution of a new for an old familiar name is not desirable.

and call for an assurance of the fact just stated, on the part of the physician.

(b) One of the symptoms of rupture of the uterus is a free escape of blood; but recall the terrible symptoms which mark that appalling accident, and you will see at a glance that they will at once remove the case from the classification of hemorrhage, and place it in that of the most fatal of the complications of labor. In other words, the gravity of the accompanying symptoms will mask this one entirely, and cast it completely into the shade.

(c) Rupture of the vessels, or of one vessel, of the funis umbilicalis can at this day be no longer a matter of doubt, since in evidence of its occurrence appear the names of Delamotte, Levret, Baudelocque, Naegle, Cazeaux, and many others. It is, however, a rare accident, fortunately for diagnosis, since there are no means other than mere absence of constitutional signs on the part of the woman, by which it could be differentiated from rupture of the utero-placental vessels.

(d) When the flow occurs from rupture of the vessels of the vagina or bulbi vestibuli, it will generally have been the result of some violence, and our attention will likely be drawn to it by the sensation of pain on the part of the patient. Should it not, an examination, digital or ocular, will readily reveal it.

The first of the four causes which have been so far examined into is insufficient to produce a flow really deserving of the denomination of hemorrhage; the second is accompanied by other grave symptoms which make this one a secondary matter; the third and fourth are of very rare occurrence, and it may be safely announced as a rule that *whenever, during labor, a hemorrhage occurs, it arises from partial separation of the placenta from the uterus, and consequent rupture of the utero-placental vessels.*

Varieties.—Generally the placenta is so placed in the uterus that the os may dilate and the child be expelled without its separation being involved in these processes, and it will, under such circumstances, retain its position and the integrity of its attachment, unless some untoward accident, such as a blow or fall, occur to displace it. At other times, however, it is attached to one side of the cervix, or over the entire cervix, so as to prevent the dilatation of this part, through which the child cannot pass as long as it remains closed. Now as the os and cervix *must* be dilated to permit the passage of the child, and as their dilatation *must*, under these circumstances, to a greater or less extent, detach the placenta and rupture the utero-placental vessels, it follows, as a deduction, that hemorrhage thence resulting is not produced by accident, but, *ex necessitate rei*, is unavoidable.

For these reasons, all hemorrhages occurring during labor, have been very properly divided into

1st. Accidental hemorrhage.

2nd. Unavoidable hemorrhage.

The second variety, you perceive, is synonymous with placenta prævia, an appellation which defines the unfortunate location of the afterbirth which produces it.

Leaving the subject of placenta prævia and its resulting unavoidable hemorrhage for our next lecture, I will occupy you to-day with the consideration of that variety which is purely the effect of some accident, and which, like every other accident, might, under favorable circumstances, have been avoided.

Accidental Parturient Hemorrhage.

Frequency and Prognosis.—You will, I imagine, get a much more correct notion of the frequency of accidental hemorrhage, by an examination of the reports of one faithful observer, than by averaging a large number of cases collected in the loose and unreliable manner which ordinarily characterizes the accumulation of statistical evidence. Dr. Collins, during a mastership of the Dublin Lying-in-Asylum of seven years, had 16,654 births occur under his supervision, and in this immense number only thirteen cases of this variety of flooding were met with; considerably less than one in one thousand. Small as this proportion is, however, it is larger than it should be for true accidental parturient hemorrhage, since Dr. Collins brought under the same head all those cases occurring during the three last months of pregnancy and during labor.

Of the thirteen women thus attacked, two died, and both after serious operations: one after version, and the other after craniotomy, so that it is by no means proper to conclude that they died from the hemorrhage. Of the children one only was born alive.

Thus you will perceive that the accident is not of frequent occurrence, that the prognosis for the mother is good, and that that for the child is decidedly bad. I refrain from giving you other statistical statements on this point, from the fact that authors generally confound the two first varieties of hemorrhage together.

Causes.—The pathological state causing the flow, is, as already mentioned, rupture of the vessels which pass from the uterus into the placenta. The causes which bring about such rupture are numerous, since any kind of violence sufficiently great for the separation of the placenta would accomplish it.

The chief are—Blows or falls.

Sudden uterine contraction from mental emotion.

Sudden shocks or successions given to the uterus, as from laughter, vomiting, &c.

Dragging off of the placenta by shortness of the cord, or its repeated winding around the child's neck.

Placental apoplexy occurring near the periphery of the organ.

There are other and less frequent and conspicuous causes, but it would be useless to name them, since, as I have said, any accident which severs the utero-placental attachment would produce it.

Symptoms and Diagnosis.—As the prognosis, and more especially the treatment of the two varieties of parturient hemorrhage differ from each other very much indeed, it is of great importance that the accoucheur should determine at once as to which one he has to deal with, and that his decision be as far as possible positive and final. This he will in many cases do without difficulty, but sometimes he will have to remain in suspense for a short period until the progress of the case enlightens him and determines the point.

Denman on this point justly remarks: "Before there is some dilatation of the os uteri, be the discharge ever so profuse, and it may even at this time be excessive, I do not know that it is always possible to tell with certainty whether the placenta is present or not. It may indeed be conjectured that the placenta is there attached by the cushion-like feel of the cervix and lower parts of the uterus." He then goes on to remark how, even after dilatation of the os, a clot of blood may be mistaken for the placenta.

The only reliable means for determining the nature of the flow are these:

In Accidental Hemorrhage,

- [a] There will have been no ante-partum loss.
- [b] Uterine efforts will diminish the flow.
- [c] An evident cause will generally be found for it.
- [d] The loss is not generally very profuse.
- [e] The placenta cannot be touched.
- [f] Os uteri will be natural to the touch.
- [g] Placental murmur loudest near fundus.

In Unavoidable Hemorrhage,

- [a] There will have been hemorrhage during the last month or months of pregnancy.
- [b] Uterine efforts will increase the flow.

- [c] No cause will be found for it.
- [d] The loss is often sudden and profuse.
- [e] The edge of the placenta may be touched.
- [f] Os uteri will be thicker than ordinary.
- [g] Placental murmur loudest in one or other iliac fossa.

As a little reflection will readily explain to you why these two varieties should be characterized by their respective symptoms, I will not do more than enunciate them. Let me insist, however, upon the importance of an early and positive diagnosis, if such is within the range of possibility. Of all the symptoms mentioned, the presence of the placenta near the os is the most valuable, and this one you must thoroughly test. Do not be satisfied with temporizing with digital examinations if they are not sufficient, but explaining the necessity to your patient, pass the entire hand into the vagina; if the os is dilatable pass the index finger well up into the cervical canal, and ascertain to your full satisfaction whether you have or have not a case of placenta prævia to deal with. As a matter of course, if the rational signs point strongly to the supposition that the case is one of accidental hemorrhage, and there is no immediate danger, you would not expose your patient to the annoyance and pain attendant upon this procedure; but far better would it be to err on that side, than by a culpable inactivity to remain ignorant of a point upon the knowledge of which so much will depend.

Treatment—A parturient uterine hemorrhage should be treated upon precisely the same principles which should guide us in the management of such an accident taking place from any other part of the body. This you may, at first thought, regard as a sweeping assertion: but as we proceed you will perceive that, although from the nature of the locality from which the flow occurs, the means employed for *developing* the principles may differ, the *principles* themselves are identical.

Let us suppose, for example, that a hemorrhage should occur from any part of the surface of the body, as the result of a wound or abrasion, and let us follow out the principles which one after another would be employed by the surgeon, until he finally succeeds in checking it.

1st. If the flow were slight the patient would be kept perfectly quiet, and an effort made to constrict the mouths of the bleeding vessels by cold and styptic applications, as ice, alum, tannin, matico, etc.

2nd. Should these very useful and commonly employed hæmostatic agents fail in making this principle effective, an attempt might be made to cause in the wound the formation of

a coagulum, which, extending up into the mouths of the bleeding vessels, might seal them up as is done by plugging the anterior nares alone, or with the posterior, in epistaxis.

3rd. Should this fail, a very excellent principle, that of closing the open arterioles by firmly compressing their walls, might be developed by direct pressure, as is done, for instance, in hemorrhage from the palmar arch, by placing a billiard ball in the palm of the hand, and binding it firmly in its place by a bandage.

4th. Should even this fail, still another and surer one exists in the application of a ligature to the bleeding vessels; and to it the surgeon would now with confidence resort.

Thus, one after another he has brought to his assistance four principles, each valuable in itself, each differing from the one tried before it, and all capped by one which is as certain in its results as human means can ever be.

Thus, too, gentlemen, in parturient hemorrhage the obstetrician should act; and he will find that, if the first three of these four principles fail him, he, like the surgeon, will have one left which will prove as certain as the ligature.

In establishing these principles always be mindful of the pathological state which causes the dangerous symptoms which they are to control; i. e. that a portion of the placenta has been torn off from its uterine attachment, and that from its disrupted face, as well as from the corresponding surface of the uterus from which it was torn, the blood is welling forth.

In a case of accidental parturient hemorrhage, the first indication to be fulfilled is to check the flow by constricting the mouths of these vessels; and this will best be accomplished by confining the patient to bed in the supine posture, and absolutely prohibiting all muscular effort or mental exercise, even that attendant upon speaking; by keeping the apartment cool; by administering cold, acidulated drinks, as lemonade, or water acidulated with the elixir of vitriol; by applying towels soaked with cold water, or vinegar and water, to the vulva and over the uterus, and by prescribing astringents, as tannic or gallic acid in full dose, which being carried to the bleeding vessels by the circulation, may aid in producing the same result which their local application effects in vascular rupture elsewhere.

If by these means we succeed, we will have good cause for congratulation, for we will have relieved the woman without having in any way sacrificed the chances of her child. If they do not succeed, then we must resort to some other plan which may prove more effectual, and we enter into the consideration of the adoption of the second principle. The only available

means at our command for causing a clot to form in utero, under these circumstances, is the tampon or vaginal plug, an agent advised by many, and one which might accomplish the result as perfectly as do the double tampons employed in epistaxis. But there are dangers attending its use so great, that I must not only guard you against them, but advise an avoidance of this means in parturient hemorrhage, except in rare and particular cases. I would say in advance, *avoid the tampon as a rule, after the seventh month of pregnancy, but employ it boldly, even at full term, in a few exceptional and peculiar cases.*

The tampon, gentlemen, may be styled one of the most useful and dangerous of our uterine hæmostatics, and it is really curious to see how different and even contradictory is the advice which is given concerning the propriety of its employment. Let me, by an excusable and called-for digression, endeavor to fix in your minds this morning a few maxims concerning it.

A plug introduced into the vagina, of sufficient size to fill the canal, acts in uterine hemorrhage in these two ways—preventing the escape of the fluid which is flowing out of the uterus; this collects, and gradually is “backed” into the cavity above; soon it distends this cavity to its utmost extent; if the foetal mass is present, insinuates itself between the chorion and uterine wall, and at last forcibly dilating the os by distension of the whole organ, produces a powerful expulsive effort which frequently expells child, accumulated blood, and tampon together. When the uterus is not dilatable by the accumulating blood, this fluid coagulates within its cavity; the coagulum beginning to form at the os, extends upwards towards the source of the hemorrhage, and will often seal up the mouths of the bleeding vessels.

Both these results are often very desirable, and to accomplish them no means compares with the tampon. But after the seventh month of pregnancy the uterus is so large that it may contain a sufficient amount of blood to produce death, so that from this period to the completion of labor it is always attended by danger. (I need not insist upon the gross impropriety of the employment of such a means after delivery.)

Thus then, although the tampon might effect much for us in parturient hemorrhage, as a rule it should not be employed; and, in exceptional cases which demand it, should be resorted to only after mature consideration, and its effects be watched with very careful scrutiny. Observe these rules in using it.

Never employ the tampon *from choice* when there is a possibility of a dangerous internal hemorrhage.

At full term do not employ it after the waters have been discharged, for then the uterus will accommodate a large amount of blood.

Never employ it at full term after your patient has lost a great deal of blood, or from natural feebleness of body would be endangered by even a slight hemorrhage.

In a strong woman who has not already lost a good deal of blood, in whom the uterus is contracting well, and whose bag of waters has not been ruptured, I would not hesitate to employ it if other means failed, or from any reason I deemed them inapplicable.

Should the principle which is developed by the tampon be beyond our reach on account of the danger of the means which accomplished it, or, should it have been unsuccessfully resorted to, how are we to avail ourselves of the third?

You remember that the flow of blood in accidental parturient hemorrhage is checked by uterine contraction, and that this is so marked as to constitute one of its characteristic symptoms; now let us examine this fact. When the organ contracts, the bleeding surfaces of the placenta and uterus are pressed firmly against the foetal mass, and thus their open vessels are shut. If we could cause this pressure to be continuous and powerful, at the same time that it was resisted by a hard mass, we would cause the flow to cease entirely, and would be acting exactly as the surgeon does who binds the billiard ball in the palm of the hand. But you may ask how are we to introduce a hard resisting body into the uterus to act as counterpart of the ivory ball? We are supplied with such a substance in the body of the child. Surrounded by the soft and pliable bag of waters, one chief object of which is to prevent its hardness from being perceived by the sensitive uterus, it lacks the feature of resistance which we now desire; but evacuate the surrounding waters by puncturing the bag, and instantly the unyielding body presses against the hemorrhagic spot, and the principle is developed.

This, however, although often sufficient, is not always so, the pressure not being powerful enough. Under such circumstances, in the case of a palmar hemorrhage, the surgeon would remove his loose bandage, and apply another which would make all the pressure desirable. And so the obstetrician, by the administration of small doses of ergot, can so force his point of resistance against the bleeding surface as to compress entirely the ruptured vessels and render them impermeable. By these means you not only bring to your aid the principle mentioned, but, to a certain extent, you will establish that

which will be mentioned fourth, for the vessels are diminished by the same contractions which press the child against the bleeding surface. According to my experience it is rare for them to fail. In fact, I have never known them to do so in true accidental hemorrhage. Should they do so, however, but one resort remains, and that is ligation of the vessels from which the obstinate current flows. Have we any means by which ligatures may be thus applied in utero? Again bountiful nature comes to our aid, and we have but to use the means which she presents us and our end is accomplished. After every natural labor, were there not some arrangements for checking the flow from the broken utero-placental vessels, a hemorrhage would occur, but so soon as the uterus is emptied the fibres contract, diminish its size very greatly, and being arranged around the mouths of the vessels as the meshes of a netted purse are around the finger which is pushed through them, they inevitably close the mouths, and prevent all sanguineous loss.

After having tried in vain, by the development of the three principles mentioned, to accomplish what we wish, naught remains but to empty the uterus, force it into contraction, and cause nature to do what the surgeon does in external hemorrhage. If the head can be seized by the forceps, employ them; should it be out of their reach, accept of version as the alternative, and deliver promptly. Thus by successive steps the scientific obstetrician advances from mild, harmless, but correspondingly inefficient means, to more dangerous, and proportionately more effectual ones, until he arrives at a point at which he can safely say, "I will by this surely succeed in staying the flow, and will rescue my patient from its dangers."

But do not despise the more inefficient means because a more effectual one exists. Would you not blame the surgeon, who, for a slight hemorrhage, should tie the supplying arteries without seeing what might be done by styptics, pressure, etc.?

Keep the most efficient agent in reserve, *because it is accompanied by danger for mother and child*, and always strive to accomplish your ends by the mildest, least dangerous, and apparently most trifling means. Should you succeed, a host of unthought-of evils lurking like harpies in the shade, may by your moderation be avoided; should you not, then promptly apply the most efficient and most dangerous of your resources, which, like a "corps de reserve" you have kept until the fitting moment.

What has been denominated, gentlemen, "heroic practice," often marks the course of the ignorant and unreflecting obstet-

rician ; and although the vulgar may be blinded by its show of energy, decision, and promptness, and led to believe it an evidence of knowledge, it will often bring about consequences alike disastrous and avoidable.

The skilful general does not fire a twelve-pounder at a handful of marauders who could be dispersed by a musket-shot, nor does he trust to his muskets when an army is upon him in its might.

Never lose sight, too, of this fact in treating a complication of labor, that the interests of two beings are intrusted to your care, and that while you are to do all in your power for those of the mother, those of the child are scarcely less imperative. If, then, in the treatment of this accident, you can adopt means which will accomplish both ends, give them by all means the preference over those which, even if more surely effectual, in removing the woman from danger, will sacrifice the chances of the child.

The older one grows in obstetric experience, the more convinced does he become that many a woman has died from the unnecessary introduction of the hand into the uterus ; that many a uterus has been ruptured by uncalled for violence ; and that Herod destroyed not a tithe of the children which have been killed in utero by the reckless use of ergot.

The following is a resume of the treatment which has been recommended in this lecture, the principle upon which each procedure acts being italicised.

1st. *Constrict the bleeding vessels* by cold to the uterus and vulva, acidulated drinks, astringents, and perfect rest in the recumbent posture.

2d. In cases of failure *cause a clot to form in the mouth of the bleeding vessels* by the tampon, should the case be one in which this practice would be safe.

3d. Should this fail, *make direct pressure against the bleeding vessels* by evacuation of the waters, and increase it if necessary by the use of ergot.

4th. None of these means succeeding, *ligate the vessels* by evacuating the uterus, and causing firm contraction.

As I have alluded to certain cases in which the tampon might, in a woman for whom we did not fear a slight loss of blood, be preferable to an immediate resort to rupture of the membranes, it may be well for me to give you an example. There are several cases where it might be preferable, but this will serve as a type : in a transverse presentation before the os is dilatable, rupture of the bag and administration of ergot

would much complicate the operation of version, and thus endanger both mother and child. Should accidental hemorrhage occur in such a case, then it would be advisable to gain time for dilatation of the os by the use of a means which offers the probability of checking the flow without wasting the precious fluid which is to facilitate a dangerous operation.

Because this means is attended by danger I would not entirely discard it; but let that be a sufficient reason for its not being employed, except when absolutely necessary, and for its effects being watched with the utmost caution.—*American Medical Times.*

EDITORIAL.

Legislation on Medical Subjects.—We would call the special attention of our readers to the Report of the Medical Society of Galesburg, contained in the present number of this journal. The subjects there brought up for consideration are very important, both to the profession and the people of the State. If the statutes of this State actually require a physician, when called into court, as a witness, to divulge anything that may have been told him by a patient, and which was strictly necessary for the proper treatment of such patient, they are contrary to the plainest dictates of justice, and ought certainly to be altered. The advantages to be derived from the enactment and enforcement, of a plain and practical law for registering births, marriages, and deaths, throughout the State, are too obvious to the medical reader to require elucidation. The statistics thus derived afford us the only reliable data, for determining the influence of locality, climate, etc., on the prevalence of particular diseases, their fatality, and the comparative longevity of the people. And, yet, these are all topics intimately connected with the welfare and happiness of the whole community. That it is the duty of the Legislature, to make some provision by which the study of human Anatomy can be prosecuted without the violation of law, is equally apparent to every reflecting mind. This topic the reader will find more fully discussed in the Annual Address to the State Medical

Society, published in the *Examiner* for June, 1860. We would urge all the local Medical Societies throughout the State, to actively co-operate in bringing these topics before the next Legislature. And we would suggest that each practitioner use his influence, personally, with the candidates for the next Legislature *before* the election day in November.

Medical Department of Lind University.—The Second Annual Course of Lectures in this institution, commences on Monday, the 8th inst. The general Introductory Lecture will be given by Prof. Byford, in the College Hall, No. 22, Market street, at 7½ o'clock in the evening. The Trustees of the University, the Professors in other departments, the members of the Medical Profession, and the public generally, (including the ladies,) are invited to attend. After the Lecture the Museum and Library of the College will be open for the examination of the public.

Chicago City Dispensary.—This charitable institution was first opened some three years since, on west Randolph street, by Drs. Wardner, Andrews, and Hollister. About the 1st of September, 1859, it was removed to No. 22 Market street, and placed under the immediate charge of Professors Andrews and Davis, in connection with the University Medical College. During the year just passed, ending Sept. 1st, 1860, over 2000 poor patients have received advice and medicine gratuitously, and several lying-in women, too poor to pay for medical services, have been furnished with reliable medical attendance at their homes. During the months of July and August, while diarrhœas were prevalent among children, the daily attendance of patients was between 20 and 30, two-thirds of whom were infants and young children. It will thus be seen that this charity is one of the most extensive and important in the city. Neither are its benefits restricted to the poor patients alone; for throughout the whole year, one Medical and one Surgical Clinic, has been given each week, to such Medical Students as were pursuing their studies in the city. And there is no place in the

country that affords a better opportunity for instruction in diseases of children, than in this Dispensary during the summer months. Hereafter Dr. Byford, Professor of Obstetrics and Diseases of Women and Children, will take the place of Prof. Davis in the Dispensary, and give Clinical instruction especially on diseases of Women and Children every Saturday afternoon; Prof. Andrews still retaining the Surgical department as heretofore. Medical attendance will also be supplied to lying-in women, at their homes, (if too poor to pay for medical services,) by applying at the Dispensary at the usual hours, between 2 and 3 o'clock in the afternoon of each day except Sundays.

MERCY HOSPITAL REPORT.

During the year ending August 1st, 1860, there were admitted into the Hospital of the Sisters of Mercy, 282 patients; of whom 204 were admitted into the Medical Wards, and 78 into the Surgical. Of those received into the Medical Wards, the principal diseases and results were as follows:

	Cases.	Recovered.	Improved.	Died.
Typhoid Fever,.....	16	15	0	1
Typhus Fever,.....	2	2	0	0
Intermittent Fever,	10	10	0	0
Remittent Fever,	11	11	0	0
Dysentery,... ..	11	11	0	0
Diarrhœa, chronic ulcera'n,	10	5	3	2
Pneumonia,.....	8	7	0	1
Bronchitis, chronic,	4	2	2	0
Rheumatism,.....	10	9	1	0
Delirium Tremens,.....	12	9	2	1
Pulmonary Consumption,..	8	1	5	2
Scarlet Fever,.....	2	2	0	0
Scirrhus with Ascites, ...	1	0	1	0
Fatty Liver with dropsy,..	2	0	0	2

The remaining 97 cases embraced a large variety of diseases, both acute and chronic, among which the different varieties of

ophthalmia and cutaneous eruptions were the most numerous. It will be seen that the ratio of deaths to the whole number of cases treated, is 1 in 22 $\frac{2}{3}$. The Hospital is under the charge of Prof E. Andrews, in the Surgical department, and Prof. N. S. Davis, in the Medical. During the Lecture season of the Medical Colleges of this city, Clinical instruction is given in the wards of the Hospital from 8 to 9 o'clock every week-day morning, and three mornings per week all the rest of the year; thus constituting it a continuous school of practical instruction. The price of Tickets for admission to the Clinical instruction is \$6.00, and the Ticket is good for the whole year. Patients are received and treated, both in the Medical and Surgical wards, from any part of the country, on the payment of from \$3 to \$5 per week for their board, according to the ward they occupy.

PUFFING.

"The *Reporter* has become the *leading Medical Periodical of America*. It has attained this position by representing the *whole* Profession, independent of any school, party, or publishing interest, and will maintain it."

The above, is one of the paragraphs kept at the head of the editorial columns of the *Medical and Surgical Reporter*: a weekly journal, published in the same city with the old *Quarterly Journal of Medical Sciences*, and the more recent *North-American Medico-Chirurgical Review*. We would respectfully ask the highly esteemed editors of the *Reporter* the following questions :

1st, What is the difference in principle, between claiming to publish "the leading Medical periodical of America," and claiming to be the *leading* practitioner of Medicine of America?"

2nd, In what respect does the *Reporter* represent the "whole Profession?"

3rd, How is it any more "*independent*," than a dozen other Medical journals in this country?

4th, Would it not be more modest as well as more appropriate, to wait for our contemporaries and posterity to assign us and our works their proper position, than to be continually puffing ourselves?

NEW YORK MEDICAL COLLEGE AND CHARITY
HOSPITAL.

Under this title the New York Medical College, has been re-organized. One-third of the college building has been set apart for a Hospital, and the number of Professorships has been increased to ten. The following constitute the present Faculty :

R. Ogden Doremus, M.D., Professor of Chemistry.

J. M. Carnochan, M.D., Professor of Clinical and Operative Surgery.

D. Meredith Reese, M.D., L. L. D., Professor of Theory and Practice of Medicine, and Medical Jurisprudence.

B. J. Raphael, M.D., Professor of Principle and Practice of Surgery, and of Surgical Pathology.

A. K. Gardner, M.D., Professor of Clinical Midwifery and Diseases of Females.

John O. Bronson, M.D., Professor of Anatomy.

Chas. A. Budd, M.D., Professor of Theory and Practice of Midwifery.

A. Jacobi, M.D., Professor of Infantile Pathology and Therapeutics.

Bern. L. Budd, M.D., Professor of Toxicology.

R. K. Brown, M.D., Professor of Physiology.

M. Bailey, M.D., Adjunct Professor of Anatomy.

Fowler Prentice, M.D., Demonstrator of Anatomy.

The regular Lecture term continues five months, viz. : from the 17th of October to the 17th of March. It does not appear, that with this large number of Professors, they either divide the annual term of instruction into two departments, or materially increase the gross amount of instruction given during the term.

In the faculty we recognise, however, the names of several men noted for their ability and zeal, in advocating a higher standard of Medical education ; and we must look with confidence for them to practise what they *preach*.

MEDICAL DEPARTMENT OF UNIVERSITY OF MICHIGAN.

Samuel Denton, M.D., Professor of Theory and Practice of Medicine, in this School, died at Ann Arbor, Michigan, Aug. 17th, 1860. Dr. Denton had been connected with the Med. Department of the University from its first organization; and was a man highly esteemed both by the Profession and the community in which he lived.

At a meeting of the Board of Regents held at Detroit, Sept. 14th, the following Resolutions were adopted:—

“*Resolved*, That Prof. A. B. Palmer be appointed Professor of the Theory and Practice of Medicine, of Pathology, and of Materia Medica, with a salary of one thousand dollars.

“*Resolved*, That Prof. Moses Gunn be appointed Professor of Surgery and Therapeutics, with the same salary.

“*Resolved*, That Prof. Abram Sager be appointed Professor of Obstetrics and Diseases of Women and Children, with the same salary.

“*Resolved*, That Prof. Corydon L. Ford be appointed Professor of Anatomy and Physiology, with the same salary.”

This reduces the number of Professors, in that school, to *five*; and we believe it is the design to increase the length of the term to *nine* months, thereby making it in all respects much like the Med. Dept. of the University of Virginia, at Charlottesville, in that State.

EPILEPSY.

Dr. W. M. Connell, in the Charleston *Medical Journal* for July, recommends the following formula in the treatment of Epilepsy:—

℞. Spiritus vini. gallici,	Oj.
Tinct. Stramonii Dat.,	℥ iv.
Sulph. Zinci,	℥ ii.
Solv. zinc. in aquam distil.	℥ i.

Mix. Give 10 drops at a dose, and increase gradually until the specific effects of the stramonium are induced slightly, and continue it at that point.

PHYSIOLOGY AND PATHOLOGY OF THE SPLEEN.

Dr. David Hutchison, of Mooresville, Ind., concludes an essay on this subject, published in the *Cleveland Medical Gazette*, for September, with the following propositions:—

“1st. The spleen serves as a diverticulum or reservoir, for the blood, and thus regulates the quantity of the blood in the circulation.

“2nd. The spleen performs a very important office in the process of sanguification, either as a blood-disintegrating or as a blood-forming organ.

“3rd. Malaria acts on the blood, breaking down the blood-corpuscles, from which results disease of the spleen, and a peculiar anemic condition of the whole system.

“4th. The cure of this splenic affection depends on the administration of Quinine and Iron—especially the latter.”

Medical College of Ohio.—This institution has been re-organised by the appointment of a Faculty, containing only two of those who constituted the previous Faculty. The new appointments appear to be far from satisfactory to the Profession in Cincinnati.

YEAR BOOK OF AMERICAN CONTRIBUTIONS TO MEDICAL SCIENCE AND LITERATURE.

It is designed that part *first* of each volume, shall comprise an arranged and classified *summary* of, and index to, all the important and original papers found in the various *Medical Journals* of this country, for the year immediately preceding. Part *second* will comprise a *summary* of, and index to, all papers found in the published transactions of the National and the various State and County Medical Societies. Part *third* will embrace reviews of Medical books of American authorship, published during the year, with a *summary* of all the novelties in opinion or practice therein.

To the above plan and arrangement, such other additions shall be made as time and circumstances may suggest. The first volume will be issued early in the spring of 1861.

In the preparation of our *Summary of American Medical Journalism*, for the *American Medical Monthly*, we have solicited a copy of all Medical Journals published in this country; the *American Journal of Medical Sciences*, the *N. O. Medical and Surgical Journal*, and the *Ohio Medical and Surgical Journal* are the only ones that have failed to comply with the request. To facilitate our design, we request an *exchange* with all American Medical Journals, to be sent to our address as issued. All Medical Societies who publish their transactions, will, we trust, be kind enough to send their transactions to us. Publishers of Medical Books, particularly of American authorship, are earnestly requested to send, as soon as issued, *all books* of the character as above.

The importance of a work of the character as above, for the information of the profession, and for the honor and dignity of American Medicine, will readily be conceded by all. We cannot prepare the work and publish at a pecuniary loss, and, hence, the object of this circular is to request that all physicians who would encourage the work and become subscribers to the same, would send us their names *at once*—payment to be made only on publication of the work. The work shall contain from 500 to 1,000 pages, be substantially bound, and furnished at the low price of *three dollars*. That we may know whether the work is to receive sufficient encouragement to justify its completion and publication, we request that subscribers' names may be sent in immediately. As a special favor and encouragement of this truly national enterprise, we would request that all Medical Journals of this country would copy our circular.

To Editors and Publishers we would say that it is designed that our YEAR BOOK shall commence its gleanings with the year 1860. Journal editors and book publishers will remember this, in sending their respective publications to our address.

All Books, Journals, published Transactions, and names of Subscribers, should be directed to

O. C. GIBBS, M.D.,
Frewsburg, Chautauque Co., N. Y.

London Lancet.—The October number is promptly on hand, filled with its usual amount of interesting and valuable matter.

The Cause of Death.—Out of 100 deaths in England and Wales in 1858, the last year for which the cause of death have been examined, 25 were from zymotic diseases, 19 from constitutional diseases, 37 from local diseases, 16 from developmental diseases, and 3 from accidental or other violence. Zymotic diseases were exceedingly fatal, especially scarlatina, which, with its auxiliary diphtheria, caused 30,317 deaths. Small-pox and measles destroyed—the one 6,460 lives, the other 9,271. Syphilitic diseases killed 1006 persons, above 700 of them infants, who receive it as their only inheritance. Want was recorded as the cause of death in 62 instances; but, observes Dr. Farr, in how many more was it the real, though unavowed, source, or support of fatal disease, it was impossible that register-books could reveal. Almost 1000 children died from want of breast-milk; “alcoholism” destroyed 712 persons, the deaths of 288 being expressly referred to intemperance, and 424 more vaguely to delirium tremens. In the second class,—the constitutional,—which includes tubercular diseases, it is found that the rate of mortality from phthisis in London and in the Welsh division was nearly the same, though the two districts differ widely in important circumstances; but other pulmonary diseases—bronchitis, pneumonia, asthma, &c., were more than three times as fatal in London as in Wales. In the third class—local diseases—there was a clear increase in affections of the brain, the heart, the lungs, and the kidneys, a very remarkable decrease in phlegmon. In the fourth class—developmental diseases—there was an increase in the deaths from old age, caused by the cold of winter. 3,131 mothers died from child bearing—a considerable increase of mortality, supposed to be caused partly by the general unhealthiness of the year, and partly by privations occasioned by the distress resulting from the commercial crisis at the close of 1857. There were six diseases, each of which killed above 25,000 persons in the year—phthisis, 50,442; scarlatina, 30,317; bronchitis, 29,093; atrophy and debility, 26,360; pneumonia,

26,486; convulsions, 25,488 (children). Diseases are ranged in the Registrar-General's reports in 112 classes, or we might say groups, so many are the foes ever on the watch for us. Of the deaths in 1858, half were of persons under seventeen years of age; four out of ten were under five years of age. On the registers for the first quarter of the year being examined, it was found that 7,275 persons died without any medical attendant to certify the cause of their death—six in 100 of the deaths. In Manchester, 181 persons out of 1,755, the number who died in the quarter, had no medical attendance in their last illness; in Yorkshire, as many as 10 persons out of 100, and in the Welsh division at least 12 out of the same number. —*London Lancet.*

London and its Health.—London, says the Registrar-General, now covers 121 square miles—a square mile of 11 miles to the side. It is equal to three Londons of 1800. It increases at the rate of 1000 a week, half by births (their excess over deaths,) and half by immigration (its excess over emigration.) It is remarkable that in London one of six of those who leave the world dies in one of the public institutions—a workhouse, hospital, asylum, or prison. Nearly one in eleven of the deaths is in a workhouse. For the improvement of the health of London three things are to be aimed at: pure air to breathe, pure water to drink, and a healthy soil to live on. The Registrar-General observes that there are above 2000 medical men in London and its vicinity; but they are chiefly employed in treating disease—the art of preventing it is not cultivated; it is not taught in any of our medical schools; it is not formally the subject of examination in our universities. The father of a family does not go to a doctor and say, “How can I preserve my health, make my children well and vigorous, and develop all their faculties to the fullest extent?” Imagine the 2000 members of the most enlightened profession in the country employed in instructing the people in the way of a healthy life. How many thousands of lives would be saved every year in London! How much better and happier the popula-

tion would be! A beginning of a movement has been made in the right direction, under Sir E. Hall's Act. Medical health officers are appointed in the various districts of London, and many of them are working courageously against ignorant opposition, with success. They deserve public approbation, for they have done quietly a great deal of good work, and it is probable, have saved many lives and also prevented much sickness.—*The London Times*

Specialities of the Present Day no Novelty.—The system of special practice, which is becoming so prevalent at the present time, existed amongst the ancient Egyptians, for Herodotus speaks of their having doctors for almost every part of the body, of which the eye and other organs are particularly mentioned. Our specialism would seem, then, to be merely a revival of an ancient though not enlightened practice.—*London Lancet.*

Death from Chloroform.—Our readers will find an account of a death from chloroform in this number of our journal. This is the second one that has occurred in this city. The first took place on February 23, 1858. We believe this was one of the first deaths reported from inhaling chloroform. Dr. Krause, the gentleman in whose care the recent death took place, is one of the best educated physicians and surgeons in this city or the West. A graduate of one of the German Universities, he has been a respectable practitioner for several years; we can, therefore, say, that no blame is to be attached to him in the case. It is becoming a question, in view of the deaths occurring from chloroform, whether it would not be safer to use a mixture of chloroform and ether. We know the advantages of chloroform, yet we believe that the opinion of practical men who find occasion for its frequent use, will very shortly be established against using it alone.—*Cin. Lan. and Ob.*

Lindsay & Blakiston will very soon issue a large work entitled, *American Medical Biography*, by Prof. S. D. Gross. It will consist of memoirs of the most distinguished physicians and surgeons of our country.

The Memorial to John Hunter.—It will be recollected by our readers that in closing the vaults of the old church in London, in 1859, Dr. Buckland discovered the remains of the great John Hunter. Great interest was manifested by the learned of all classes; and as a fitting honor to the memory of so great and good a man, his remains were interred in Westminster Abbey, that resting-place of so many of Britain's great men. A subscription was set on foot in England, by the profession, for the purpose of erecting a fitting monument to his memory.

The medical profession of the United States is supposed to entertain an equal veneration for the memory of Hunter with the British profession. At the last meeting of the American medical Association, the following resolution was passed:

Resolved, That it be recommended to the different States to collect subscriptions of not more than one dollar each from every regularly educated physician, to aid in the erection of a monument about to be placed in Westminster Abbey to the memory of John Hunter; all moneys collected to be forwarded to the chairman of the committee hereby appointed.—*Cincinnati Lancet and Observer*.

Remedy for Obesity.—The use of the leaves and stems of *Tucus vesiculosus*, or common sea-weeds, in decoction, powders, or pills, as a cure of excessive obesity, is strongly advocated by Dr. Duchesne Duparc, in *Champonniere's Jour. of Med. and Surg.*

Dr. Meredith Reese will soon put to press "a new and enlarged edition" of his medical lexicon. We are very glad of this, for his dictionary has always been a useful and convenient book to us. We feel sure it will meet with a large sale.—*Cin. Lancet and Observer*.

In New Orleans, according to the "N. O. Medical News and Hospital Gazette," there were during the week ending July 15, between seventy-five to eighty cases of sun-stroke. The same journal states that there has not been a single case of yellow fever in that city during the summer, nor one admitted to Charity Hospital.—*Ibid.*

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THE CHICAGO MEDICAL EXAMINER.

EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

To secure this object fully, we shall give, in each number, in addition to ordinary original articles, and selections on practical subjects, a faithful report of many of the more interesting cases presented at the Hospitals and College Cliniques. While aiming, however, to make the EXAMINER eminently practical, we shall not neglect either the scientific, social, or educational interests of the profession. It will not be the special organ of any one institution, society or clique. But its columns will be open for well written articles from any respectable member of the profession, on all topics legitimately within the domain of medical literature, science, and education.

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No. 11

ORIGINAL COMMUNICATIONS.

REPORT ON THE MEDICAL USES OF VERATRUM VIRIDE.

By A. HARD, M. D., of Aurora.

The medical profession have long needed some agent which could be relied upon to control the action of the heart, which should be free from the objections that apply to the use of the Lancet, and the arterial sedatives formerly employed. Feeling this want keenly, in the spring of 1852, and having read an article on the use of veratrum viride, from the pen of Dr. Norwood, published in the *North-western Medical and Surgical Journal*, I commenced its use (rather experimentally) in the treatment of Acute Pneumonia, and so completely did it fulfil the indications for which it was administered, and fill the vacuum among our ordinary remedies, that I have come to the conclusion to class it with our most reliable remedial agents. It always finds a place in my pocket case. In order to obtain as much practical information as possible, (and in making a report, I wish to have facts gathered at the bedside of the sick upon which to base conclusions rather than any, however, finely wrought theories), I issued two hundred circulars, and addressed one to each member of this Society, and the remainder to other physicians in this and adjoining states, asking for information upon the subject of this report. The answers to the questions proposed in the circular, with but one exception, so nearly corresponded with my own observation, that I have been confirmed in the opinion I had previously formed.

I propose to notice the questions proposed in the circular, and briefly give the conclusions to which I arrived, both from my own experience and professional correspondence.

Question. 1st. Have you made use of *Veratrum Viride* in your practice?

This was proposed for the reason, that I thought it desirable to record facts and experience rather than theories, as being more in accordance with the objects of this society, and of more practical importance to the profession at large.

Question. 2. In what form do you use it; (if the tincture; whose preparation?) and in what dose?

In my own experience I have been much perplexed by obtaining preparations of the *veratrum viride* of such variable strength, that it required considerable experimenting upon the receipt of each prescription to ascertain what was a proper dose. I have always used the tincture. Some times of my own preparation, made according to the U. S. Pharmacopœia, at other times made by druggists to order, and also, the tinct. as prepared by Tilden & Co., Keith, Norwood, Merrill, &c., &c. It is of the greatest importance that the physician be well apprised of the strength or virtue of the preparation used, as a mistake, made with so potent an agent as *Veratrum*, might prove fatal. I have found that Dr. Norwood's tincture corresponded to that prepared according to the U. S. Dispensatory, and that from 8 to 10 drops was a medium dose for an adult, and that half that number 4 to 5 drops to be a dose of Keith's tincture.

Question. 3. What are its effects?

Here, my experience corresponds with those who have answered the circular. It is the most reliable arterial sedative, most certain in its effects, and least dangerous of any with which I am acquainted. It is also emetic and diaphoretic, but secondarily so. In all cases where I have given it in sufficiently large doses to produce emesis, it first reduced the circulation below the normal standard, and the skin became uniformly bathed with perspiration. One unacquainted with its use might easily become alarmed at the great prostra-

tion and difficulty of breathing of a patient who had taken enough to produce severe vomiting, and although I consider it unnecessary to administer it in so large doses, yet when the emetic effect is produced, I find it easily controlled by ordinary alcoholic stimulants, or some of the preparations of opium, of which I prefer the tincture. Veratrum promotes the secretions from the skin and muocus membranes, and from this cause emetic doses may be dangerous particularly to young children, the secretion from the bronchial mucous membrane being so great as to produce suffocation. Therefore, although it may be administered to adults, in diseases which produce a state of high arterial excitement, without danger, it should be given to infants with the greatest care. I am pretty well satisfied that its use promotes the secretion and discharge of bile. But have not found it to act as a cathartic in any case, farther than would be expected from a general relaxation of the physical system.

Question. 4. In your opinion, what is its *modus operandi*?

A solution of this question would be most desirable, but I entertained faint hopes of a satisfactory answer when it was proposed. I hoped to be able to analyze the blood taken from persons while under its influence, but have not been able to make a satisfactory test, and am as much in the dark on that point now as when I was appointed to report on this remedy.

In all cases where I have used the veratrum, sufficient time has elapsed from the administration to the apparent effects, for it to be absorbed and enter the circulation, and it is most reasonable for me to believe that it makes its impression upon the nervous system through that source, rather than upon any one set of nerves by any special tendency, choice or selection. In Vol. 6 of the *North Western Medical and Surgical Journal*, page 463, a case of poisoning is reported by Dr. J. S. Pashley, in which a man in good health took by mistake $\frac{3}{4}$ ii. of the saturated tincture of Veratrum Viride. "He staggered forward about fifteen or twenty feet, when he fell to the floor and commenced vomiting violently and complaining of distressing dyspnea and total blindness."

This case would favor the idea that the impression was made directly upon the nerves, as the medicine would hardly

have had time to enter the circulation and become generally diffused through the system.

Question. 5. What value do you attach to it as a remedial agent?

In view of what has already been said, I regard the *Vera-trum Viride* as being worthy of a place in our *Materia Medica* along with opium, which is the highest encomium I can bestow upon it.

Question. 6. In what diseases have you found it most useful?

I have found it most useful in diseases of an inflammatory type, such as acute Pneumonia, Rheumatism, Dysentery and Peritonitis, particularly Puerperal Peritonitis; and in treating such cases I administer a full dose when first called, so as to bring the patient under its influence as soon as possible, and in many cases it will be found as effectual in arresting the farther progress of the disease, as water is to quench fire. After the specific effects of the remedy are obtained, it should be continued in smaller doses, sufficiently large to keep the pulse at or a little below the normal standard.

But I do not propose to give my own observations to the exclusion of my correspondents, and here I would express my thanks for the number of answers to the circular which have been received, and from among them I have the following from Prof. W. H. Byford, of Chicago:

"I have used the saturated tincture for the last four years. My plan of administering it varies with the intensity and rapidity with which the disease runs its course, the possibility of interrupting its progress and the constitution of the patient. I find nervous patients more susceptible of its influence than the strong and plethoric, but not the less certainly benefited by it, because of this increased susceptibility, and any thing that decreases plethora and gives preponderance of nervous phenomena over that of the circulatory system will enhance the readiness of its action. On the contrary, anodynes will stop or very much modify its effects. The first perceptible effects are upon the circulation, though I think really secondary, reducing the pulse from tumultuous activity to calm tranquility.

The pulse, so far as I can judge, first, also becomes fuller and softer, but if the agent is still pushed further, it secondarily is rendered feeble and very soft. Its secondary effects are upon the alimentary canal producing nausea vomiting and catharsis. These symptoms are not desirable, and may be avoided by partially or totally withdrawing it after the pulse has been sufficiently modified. The general secretions including nearly or quite all of them are increased as this stage of effects are brought about, and may be very profuse particularly the hepatic, cutaneous, and urinary. Calorification next is interfered with, and coldness succeeds; probably the prostration might be easily carried to a fatal extent by still further administration of the drug. But as yet, although to those unacquainted with its peculiar operation some what alarming, I have never seen any serious results from its use. I am unable to say from observation whether it possesses abortive qualities or not, but from a remedy of such very decided perturbing character, I should fear bad effects in pregnant women, unless very closely watched. Aside from any peculiar property in this respect, my opinion is that its first effects are upon the great sympathetic nerve, and through it all the other after effects are produced. It does not seem to me to influence the cerebro spinal system in a direct manner.

My usual plan in cases of medium severity is to administer it in quantities of about one drop every hour for an adult. It may be well to give in four drop doses every four hours. If the patient takes about twenty-four drops at intervals during twenty-four hours, it will usually be enough to produce a decided effect in thirty-six or forty eight hours. Should the disease be a rapid and destructive one, I give sometimes double that quantity, soon as the pulse is controlled as much as desired, it should be lessened one half, or even more, as the case may be, but in bad cases not withdraw entirely. By careful management in this way, its influence may be prolonged to an almost indefinite time. By giving it in large doses, say two drops every hour, we may often have its effects in from twelve to twenty-four hours.

I regard it as one of our most reliable remedies, and not any more dangerous than thousands of our Sampson remedies. Opium and alcohol seem to almost instantly arouse the nervous energies of patients unduly prostrated by *Veratrum Viride*, and hence its effects are certainly under our control. Another fact of importance is, that we always have warning through the pulse of the approach of the graver effects, and thus are enabled to avoid them. It is essentially accumulation, so that the pulse that has resisted it for twenty-four hours, may in the next half hour or hour be very much controlled by it. I use it in all forms of fever that is likely to persist for several days, except the eruptive. I have been wary in the use of it in *Scarlatina* and *Measles*, lest it might suppress by its powerful revulsive direction to the alimentary tubes, the rash. For the treatment of their sequela, however, I think it very reliable, but it is in inflammations I esteem it most; *Pneumonia*, *Arachnitis*, *Nephritis*, *Laryngitis*, and in fact almost all inflammations, except those of the mucous membranes of the alimentary canal, and I cannot speak against it in these, for I have not used it in them. Convulsions of infancy and child-bed, *Delirium Tremens*, *Insanity*, &c., may all be benefitted by its judicious use. *Hectic fever* has been very favorably modified by it in some instances, also.

I have seen the pulse reduced from 160 per. minute, to 36 in the same time, after its administration, twenty-four hours in a case of recent occurrence.

In answer to the inquiries of our circular, Dr. Hiram Nance, of La Fayette, Stark Co., writes, that he has used the *Veratrum Viride* in his practice during the last six years. That he has used the Norwood's tincture, and gives it in doses from 6 to 7 drops every three hours, to males, and from 4 to 6 drops to females; continuing it generally until the pulse is reduced to 75 or 80 beats per minute. In regard to its effects, he says: "It is a powerful sedative; directly depressing the vital forces, acting directly on the great centre of circulation, and through the blood upon every part of the system. It possesses its sedative properties independent of any narcotic effects; subduing the arterial action in from two to five hours from the time

the first dose is administered." He thinks Morphia or any of the preparations of Opium, capable of counteracting the excessive effects of the Veratrum. In regard to the value of Veratrum as a remedial agent, Dr. Nance ranks it with Calomel, Opium, and other important articles of the *Materia Medica*. He has found it most useful in the treatment of active inflammations, such as Pneumonia, Pleurisy, Meningitis, Rheumatism, and the more active grades of fever.

Dr. Benj. Woodward, of Galesburg, writes, that he has used the Veratrum Viride, extensively for the last three or four years ; both in the form of Norwood's Tincture, and Tilden's Fluid Extract. He thinks it produces its sedative effects on the action of the heart, diminishing the frequency and force of the pulse, and the frequency of respirations, by impressions made on the par vagum nerve, and somewhat also on the sympathetic. He thinks it exhibits no narcotic qualities, and but feeble tendency to disturb the bowels ; while it pretty uniformly increases the action of the skin and kidneys. In estimating its value as a remedial agent, Dr. Woodward, places it on a level with Opium, Quinine, and Calomel. The principal diseases in the treatment of which he uses the Veratrum, are the acute Phlegmasia, Apoplexy, Scarlatina, and the more sthenic grades of fever. He sometimes uses it in conjunction with Quinine, and thinks they naturally aid the action of each other.

Dr. Thos. J. Cornell, of Waterloo, states that he regards the Veratrum, as a very valuable remedy, and that he has found it "most useful in all diseases attended with much arterial excitement."

Dr. A. G. Randall, of Mechanicsburg, writes that he has used the Veratrum for eight years, chiefly in the form of Norwood's Tincture, and prefers to give it in as large doses as the stomach will bear, and "as an arterial sedative, thinks it has no equal." He also attributes to it Expectorant, Antispasmodic, and Diaphoretic Properties. The following is Dr. Randall's method of using the Veratrum in acute inflammations :

"Place the patient in a recumbent position ; feet in a warm bath ; fomentations to the seat of pain ; and give at once from

30 to 40 drops of Tincture of *Veratrum Viride*, in toddy or peppermint sling, in connection with from 4 to 10 grains of Opium, or its equivalent of Morphine."

Dr. J. B. Meigs, of Manito, in answering our inquiries, says he has used the *Veratrum Viride* almost daily for four years, and finds it the most reliable arterial sedative we possess, promoting expectoration and diaphoresis, and also acting as a powerful antispasmodic. He uses it chiefly in the treatment of the acute Phlegmasia, Puerpural fever, and Puerpural convulsions. He successfully treated a case of the latter disease in June, 1857, and has known several other cases treated since by others with equally satisfactory results.

Dr. P. K. Guild, of Aurora, writes that he has used the *Veratrum Viride* in the form of Norwood's Tincture, and in doses of from two to ten drops, repeated every 3, 4 or 6 hours, Thinks it a reliable sedative, and when continued long, usually producing either emetic or cathartic action. He says, "the value I attach to it as a remedy, is what I would call second rate."

Dr. S. York, of Paris, Ill., writes that he has used the Norwood's Tincture of *Veratrum Viride*, in a great variety of inflammatory affections, since 1853. He regards it as a very reliable and valuable arterial sedative, rendering the use of the Lancet very rarely necessary.

Dr. T. D. Fitch, of Kewanee, states that he has used the *Veratrum Viride* since 1854. He prefers Norwood's Tincture to any other preparation in use, and gives it in doses of from 4 to 6 drops, repeated every three or four hours, until the desired effect is produced. He regards it as a very efficient sedative, and in large doses an emetic. In value, he regards it as worthy to be ranked with the most important articles of the *Materia Medica*. In his practice, especially in the treatment of the more acute Phlegmasia, he has made it supercede the use of both, Tartrate of Antimony and Potassa, and the Lancet, except in a few rare instances.

REPORT OF THE COMMITTEE ON PRACTICAL MEDICINE.

By C. GOODBRAKE, M. D., of Clinton.

By the Constitution of the Illinois State Medical Society, it is made incumbent upon the Committee of Practical Medicine, to "prepare an annual report on the more important improvements effected in this State in the management of individual diseases; and the progress of epidemics; referring as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, during the term of their service."

Owing to the fact that we have no registration law in our State, which would permit proper data from which we could more easily gather the necessary statistics, it is a very difficult task to comply strictly with the foregoing provision of our Constitution; and in order to overcome, as far as possible, this defect in our State laws, your Committee was compelled to solicit the co-operation of individual members of the profession. Accordingly, soon after the meeting of the Society in Decatur, we sent the following circular to a large number of medical practitioners throughout the different sections of the State:

1. What have been the most prevailing diseases in your locality during the year? Give causes, symptoms, treatment, and rate of mortality.

2. Has any unusual epidemics prevailed in your section of country? If so, give character, treatment, etc.

3. Do the ordinary diseases of your region seem to undergo changes from year to year? If so, what are those changes, and what different treatment is necessary?

4. Has Typhoid Fever been prevalent in your section of country? Give your views of the pathology of Typhoid Fever, also, your treatment, etc.

5. Has Cholera Infantum prevailed with you during the year? Give cause, treatment, etc.

6. Has Diphtheria been prevalent with you? If so, give your views of the disease, treatment, etc.

7. Has Stomatitis Materna prevailed in your vicinity? Give suggestions as to causes and treatment.

8. Have you any improvements to suggest in the treatment of any disease?

9. Please give topographical description, so far as practicable, of your locality, together with any facts that may come under your notice, which will be interesting to the profession.

Very few of those to whom the circular was sent, took the trouble to respond; and some who had even promised to aid us in our task, seem proper to forget us entirely. But to those few gentlemen who had the kindness to notice our solicitations, and answer our interrogatories, we would take this occasion, in the name of the Society, and in behalf of your Committee in particular, to return our sincere thanks.

Instead of attempting to systematize, in the arrangement of this report, the Chairman has taken the liberty to insert, as near as possible, each individual communication in the order in which they were received; with such comments or remarks as he has deemed necessary or expedient.

The first answer to our circular, was received from Dr. J. N. Niglas of Peoria. He premises his answer to our interrogations, with a few very sensible remarks in favor of a registration law.

Dr. N. writes as follows:

“Having duly received your circular, and perused the questions asked, and proposed to the profession in this State, I for one consider it to be a duty to answer, so far as individual experience will permit me to do; and whilst being about to do so, I cannot but complain about the defective condition of our laws and regulations, concerning such matters as are in

intimate connection with the advancement of the profession in various ways. Where is there kept any record of the number of births in the different counties? Where of the deaths? How shall a reliable census be arrived at, as to the increase of population, and how is it possible to determine the ratio of mortality in one years time; and either the fatal character of a prevailing disease or the effectiveness of treatment, if no public records are kept; and the physicians day book is the only fountain from which the State Medical Society is to derive information.

The way to answer such interrogatories as were asked in your circular, with satisfaction to the Committee and to the Society at large, would be, first to petition for such laws as would enable the secretaries of the different societies in our counties, to obtain correct statistical numbers as to births and burials, with the additional notice of the disease, of which the person had died; also the name and age, and such other remarks as might be deemed necessary. Such is the law in France, Germany, and wherever the government takes interest in medical affairs for the common good of its citizens. And to make it work for the best of your investigations, such a law should be passed by our Legislature, as would command every Sexton, or other persons, throughout the State, not to bury any person without a certificate from the physician last attending the deceased; which certificate he should be compelled to file with the County Clerk.

Thus a firm and reliable basis would be established, and no doubt but the Secretaries of County Societies, though a considerable task this would be to many of them, would in my opinion, cheerfully serve the profession, by forwarding copies of lists or records found in the archives of their several counties.

Permit me sir, to beg your pardon for the premonitory remarks I made, but believe me they are deemed necessary, and are, if reflected upon and carried out, a main and important assistance to every Committee charged with a task as you are now."

Dr. N. replies to the second interrogatory in our circular as follows :

" If any disease prevailed during the last twelve months in the city of Peoria and vicinity, it was Scarlet Fever, and it is evident from the preceding part of this communication it passed nearly through all stages an epidemic may possibly pass ; and an epidemic I must call it, in as much as in our complex population there are left but very few families in which the disease did not make its appearance. But how it originally came amongst us, whether by contact, or by spontaneous creation of its virulent agent, I cannot be positive ; although I am disposed to believe, that we owe it to importation from places in our neighborhood : where, whilst we had Small-pox, this specific fever plagued the inhabitants, as I mentioned before. Certainly there are reasons, which, when taken into consideration, might establish a basis whereupon we possibly could build up a theory for its spontaneous generation amongst us. As early in the spring of the year past, as April and May, diseases commenced to develope, which manifested the character of erysipelas in its various forms and shapes, and though at the outset, they proved to be only a fever characterised by the specific frequency of the pulse, and its specific urine, without any other physical signs : yet, when the temperature was increased, a more decided form was unfolded, as for example : Erysipelas of the face, to which in some cases became accessory, slight symptoms of sore throat, which were followed by the decided appearance of the disease in question. There is no doubt in my mind but that Erysipelas and Scarlet Fever are of a kindred nature, and observations during a number of years, cause me to believe that these two diseases stand to each other in the ratio of an antecedent and its consecutive."

" As to the disease itself, I will now try to give you a description, which, though it is the result of my own individual observations for the last year, or rather to say, since its epidemic appearance among the people of Peoria, may in some way enable you to draw conclusions."

“From all cases which happened to come under my charge, I feel compelled to state that not two cases were alike, in spite of the identity of the disease itself. There were but few cases in which the malady would show its face, as it is commonly depicted by nosographers of the former and the present century. On the contrary, anomalies in every direction seemed to be the rule, and ordinary cases were exceptions. Such anomalies as I allude to, were either in a fragmentary manner uncommonly mild, or severe; so much so, that in some cases I observed the characteristic eruption on the skin, well marked and developed, without any great febrile excitement, or considerable inconvenience from the congested condition of the capillaries beneath the redened surface, which, in a shorter period than usual turned pale again, followed by desquamation; whilst on the other side there was observable an immense degree of febrile action, accompanied by all and every symptom of severe angina, but without the least mark on the cutis, even the slightest dotted redness of the skin whatever. And such cases which the relatives of my patients were disinclined to believe to be of scarlatinous nature, and Scarlet Fever without its specific exanthem, were proven to be such by decided desquamation, both on the limbs and trunk of the body, following five or six days from the abatement of fever.”

“I also observed but few cases without complications in the various stages of the disease, from the stage of incubation, down to the conclusion by the process of desquamation. Such complications made themselves observable by either functional or organic disorder in the various apparatuses; although at the outset of the disease, when observing disturbances of the brain, either sopor or agitation. I feel more disposed to believe that such manifestations ought to be considered exclusively as the consequence of the virulent agent communicated to or taken up into the circulating medium, which on its way through the arterial canals is exerting anomalous irritation, thus causing, according to its more or less poisonous nature, either sopor or agitation: whilst, when they are manifested at a later period, I should consider them as indices of an accessory disease to that which was first developed.

Pneumonic and Pleuritic symptoms I meet with very seldom; but more frequently with inflammation of the parotid and sub-maxillary glands, accompanied with swelling of the lymphatic glands on one or both sides of the neck. Angina, though not considered a complication, as it is one of the first symptoms of the whole process, became in few cases the cause of Laryngitis, which in a very short time terminated fatally by membranous exudations—as I am informed by a physician of this city, under whose care the cases occurred, and who had the privilege of a post-mortem in either of the cases. In others diphtheritic exudations, with malignant ulcers on and about the tonsils were observed by myself. From reports gathered up amongst our citizens, I learn that suppuration of the parotid glands and the intermuscular substance of the neck was not unfrequently the fatal close of the scene. From the sudden deaths of a number of children during the year past, I am inclined to suppose that, by either the impaired reflux of blood from the brain, or the vehement action of the heart, and consequently by too copious an accumulation of this liquid in the membranes and substance of the cerebrum, apoplexy and serous effusion in the ventricles took place. At all events, there are not many families in this city who do not deplore one or more victims lost in this epidemic, and there are those who buried from three to four of their children. So much as to the character and rate of mortality.”

In regard to the treatment of Scarlet Fever, Dr. N. writes, that in ordinary cases his treatment was *expectative*. He paid strict regard to the diet; allowing no solid food from the beginning. Dilutent drinks were given freely; the patients were kept under a moderate warm covering, by no means heavy; strict attention being paid to the ventilation of the sick-chambers, &c. In cases where the bowels were tardy, they were daily moved by enemata of milk and water, and when the fever was high, by vinegar and water in equal quantities. Only in decided cases of costiveness, castor oil was resorted to.

After giving his reasons for his expectant treatment, he further remarks:

“From the outset I carefully examined whatever patients I

attended, whom I took the privilege of seeing from two to three times a day. The region of the parotid and sub-maxillary glands, which I from the beginning advised to be covered with cotton, and flannel wrapped around the neck : and as soon as the slightest swelling commenced to be perceptible, a liniment composed of Ol. Amygdal. dulc. ʒ ii., Liq. Ammon. Caust. ʒ ii., Ext. Conii. ʒ i., Gum Camphor gr. x, was repeatedly applied during the day, the cotton and flannel wrapped around, and glad I am to say, none of the cases under my charge were lost by consecutive suppuration. In every case, if attended to from the beginning, the swelling would gradually give way without any inconvenience.

“Secondary dropsical affections, when manifested without decided morbid condition of kidneys, I usually treated with dry warm fomentations and sudorifics ; yet, when renal affections were observed, simultaneously with edema in the limbs, face, or other parts ; or serous exudations in either of the splanchnic cavities, accompanied by a higher degree of sensibility, I applied leeches according to age and the urgency of the symptoms. By way of the mouth, I exhibited calomel with digitalis or acetate of potassa ; without, however, forcing the flow of urine by diuretics in a higher degree ; except alarming symptoms would command me to exhibit the tinct. cantharidies. Milk diet in such cases I think to be very servicable.”

To our third interrogatory, Dr. N. makes the following answer :

“As diseases are phenomena produced by certain atmospheric and telluric influences, acting upon animal organization, both in brutes and reasonable beings, which are possessed of individual receptivity, more or less irritability, &c., it cannot but be natural, that, as the productive causes of disorders are to some extent varying in their composition as to the quantitative and qualitative proportions of their components, without effecting their real productiveness of certain diseases, and even specific ones ; so the complaints of our race must and will change from time to time, and thus it is ; why, on meeting the sick at their bedside and making our medical examination, we sometimes find it very difficult to arrive at a firm and conclusive

diagnosis, although there are a number of features observed which seem to be familiar to a disease well known; yet at certain times we are disenabled to account for the co-existence of one or the other sign or symptom that were met with. Whether right or wrong I do not know, but I believe we shall not be enabled to give satisfactory reasons for such changes of diseases from time to time, as long as meteorological observations are not made more extensively, accurately and simultaneously in the various sections of this State and the States of the Union. And not only with the thermometer and barometer, but also in regard to the accumulation of the electric fluid, whether it be positive or negative; in what ratio the atmosphere is impregnated with ozone, &c., &c. True, physicians from the name of their professional avocation ought to be familiar with nature's laws, and so they are, at least a majority of the regular sons of *Æsculapius* now-a-days; yet I do not think that many of our brethren dispersed throughout the different counties of our State, have leisure enough to devote much of their time to observations of this kind; and yet no doubt, in many instances they would lead us to read nature's mystical hieroglyphics when visiting our patients. Much good is done by our medical periodicals, many a new discovery is published for the general good of suffering mankind; yet, none of all I ever saw published among us, took the trouble to devote a few pages in each month to such observations as you will find in foreign Journals.

“What the Smithsonian Institute is gathering by its agents all over the States, might be made to benefit our State Medical Society, and the profession in mass, if each agent was required to send a copy of his report to the editor of one of the Medical Periodicals published in our State.

“To particularize on this topic, would take me too far, as it would be necessary to rehearse the entire index of Pathology, yet so much I will indulge in saying, that in this changeableness of diseases periodically observed, the question among physicians, took its origin, whether a restorative treatment should be generally resorted to, in opposition to antiphlogistic medication. This question, I for one would answer thus:—

The best treatment is that which is best adapted to each individual case and its peculiarities. No general phraseology will do good; two individuals taken with one disease, if treated according to the dictates of a generalizing spirit, may have a very different fate. The one whose constitution claimed an antiphlogistic medication on being subjected to the restorative treatment, may die, whereas, the same under depletory means would have recovered, and vice versa."

From the several communications received in reply to our circular, we condense the following statements:

Dr. R. G. Laughlin, of Heyworth, says that the principal diseases prevalent in that place and vicinity, during the year ending Feb. 20th, 1860, were Pneumonia, Dysentery, Bilious Remittent, and Typhoid Fevers, with a few cases of Diphtheria during the months of November and December.

He thinks that Pneumonia arises from "malarial influences," acting in connection with the "sudden atmospheric changes that usually take place in the months of February, March, and April." Hence, he uses *Quinine* freely in the treatment of the disease, in connection with other remedies, but finds no occasion for Blood-letting.

Dysentery was quite prevalent during the months of August and September, and most of the cases exhibited a tendency to a Typhoid condition. His treatment consisted in the use of Calomel, Opium, Quinine, and the usual astringents, with Norwood's Tinct. Veratrum Viride to contrall the circulation. He reports no deaths. Bilious Remittent Fevers began to prevail in August, but were promptly amenable to the ordinary remedies. A little later in the season they were more protracted, and showed a tendency to the Typhoid type; and later still Typhoid Fever proper prevailed to a considerable extent. Dr. Laughlin presents nothing new in reference to the treatment of these forms of fever.

Dr. Laughlin met with eight cases of Diphtheria, of whom one died. His treatment was commenced by a mercurial cathartic, followed by alterative doses of mercurials, Opium, and Quinine. Locally, he applied in the more severe cases, a

solution of Sulphate of Copper to the throat, and in the milder cases, solutions of Acetate of Lead, Zinc, or Tannin.

In one of his cases certain muscles of the neck became rigidly contracted, and in another, several of those of the neck and extremities became either partially or completely paralyzed, but subsequently recovered. He regards the disease as *Sui Generis*.

Dr. John Wright, of Wapello, communicates an interesting case of Typhoid Fever, which on the 16th day of its progress, exhibited the following symptoms: A desire to go to stool which was not effectual, but was accompanied by a sudden pain in the bowels with a sense of faintness, followed by shivering as in the cold stage of ague. The whole abdomen rapidly became tender to pressure, and more tympanitic than before. The seat of pain and most acute tenderness was below and a little to the right of the umbilicus. The position of the patient was dorsal, with the knees drawn up. Suspecting perforation of the intestine, Dr. W. prescribed half a grain of Morphine, to be repeated every three hours, and hop fomentations to the abdomen. This treatment was continued three days, with some abatement of the pain and tenderness. At the end of the third day the bowels were moved by a dose of Castor Oil and Oil of Turpentine, and followed by Morphine, half a grain every two hours until the patient slept. Under this influence, aided by a pill of Nitrate of Silver and Opium, the patient slowly improved for six days: when the sub-maxillary and parotid glands of the right side began rapidly to swell: and soon rendered both respiration and deglutition difficult. Half a grain of calomel was now added to the Morphine, and a poultice applied to the swelled glands. The glands suppurated, and the pus was discharged on the fifth day. The difficulty of deglutition, however, continued, and the patient gradually failed, and died 24 days after the glands began to swell, and 33 days after the sudden attack of pain in the abdomen. A *Post Mortem* examination revealed an adhesion of the peritoneum covering a portion of the ilium to the abdominal walls, and on separating this adhesion, the intestine was found *perforated*, and many ulcerations in its mucous membrane.

The following report from J. W. Coleman, M. D., of Le-Roy, McLean Co., we copy entire :

Report of an Epidemic of Dysentery that prevailed at Le-Roy during the summer and autumn of 1858.

This disease made its appearance in our community about the first of August. The first few cases were of a mild form, and far the most part among children, and yielded readily to treatment. After a week had elapsed it began to assume a more malignant character, and all suffered alike—no class, age, or sex was exempt.

There was nothing peculiar in the epidemic at its beginning. The attacks were sometimes ushered in with a chill, followed by fever of an intermittent or remittent grade, and sometimes with a Diarrhœa, and in a few instances with Cholera Morbus. The cases were attended with bilious symptoms; tongue was covered with a white or yellow fur; nausea and vomiting were of frequent occurrence; urine scanty and high colored; pulse full and frequent in some, and in others small and irregular; want of appetite and anxiety of countenance.

Some of the patients for several days before they were taken down, complained of uneasiness and pain in the bowels, with occasional dysenteric discharges, want of appetite, furred tongue, weakness and trembling, when suddenly they would be taken down with copious stools composed to all appearances of decomposed blood, shreds of mucous membrane, vitiated bile, rice water, and a small quantity of granulated feces, and would sink rapidly under them, or pass into a collapse resembling cholera.

We here give a case of Mrs. D.——, age thirty-two years, mother of four children, bilious temperament. Previous to our visit she had been complaining of pain, with an occasional discharge of blood and mucus, but was not sufficiently sick to keep her bed; we prescribed the usual remedies without much apparent benefit. On the morning of September 6th, we received a hasty summons to visit the lady. When we reached the patient, we found that she had had, as the friends termed it, a terrible run on her bowels during the night, the discharges numbered from fifteen to twenty during the past twelve hours

of the consistence above mentioned, and very large in quantity, at times the night vessel was two-thirds full.

Her condition in the morning was sorry enough. She believed, and we had but little reason to doubt it, that death would soon end her suffering. Her countenance was livid and anxious, eyes sunken, frequent sighing, great restlessness, face and body bedewed with a cold clammy sweat, pulse small and irregular, thirst great, extremities cold and the discharges returning at intervals of every twenty minutes or half hour.

We promptly put her on a sustaining treatment. Had heated flannels and bricks put to her extremities, gave beef tea well salted, ad-libitum, brandy and quinine as a stimulant tonic, and to controll the frequency of the discharges :

℞ Pulv. Opii.	11 gr.
Acetas Plumbi.	iv. gr.

Every four hours in vinegar, alternated with the Turpentine Emulsion. Under this treatment the vital powers rallied within the next twenty-four hours, and the case progressed as an ordinary case of Dysentery, though it was slow and lingering, and the patient was long in getting up.

In all cases there were more or less fever, mostly of an intermittent or remittent character, and quinine in every stage of the disease was used with benefit. Among small children there was considerable cerebral disturbance, and towards the termination of fatal cases, convulsions often were present.

Topography and Cause.

Those of us physicians practising in our village, thought the prevalence of the disease was owing to the wet spring followed by sultry weather, generating malaria. The Spring, as all the gentlemen of the Society remember, was exceedingly wet. Raining almost the exact time that preceded the deluge, forty days and forty nights. For some six weeks the whole earth in this vicinity was thoroughly saturated.

Dry weather commenced about the first of June, and it continued dry and warm until the middle of August, when the

most intense hot weather set in that was ever known in central Illinois. For days and days the mercury in the Thermometer stood at about the same figure. People in the streets and fields seemed to absolutely wilt beneath the rays of the sun.

First of August brought us Dysentery. That malaria had much to do with it, or indeed was the prime cause, we may conclude from most all the cases of fever, and they were many, both at the time and subsequently put on the intermittent or remittent grade. We even believe that we can trace the Topography of it so close as to see that it almost wholly confined itself to localities where malaria was most rife. Thus, in the locality where it first made its appearance, and where most cases occurred, it was particularly the case. In our village the most cases and most number of deaths occurred in a portion or street that was comprehended between two prairie sloughs, forming a sort of triangle. The sloughs passed by two old steam mills, which from the situation and condition could not fail to generate malaria. There could not have been less than thirty cases, and six deaths. In the north half of the town, there were several cases, but they bear no comparison with the number on this one individual street.

Another Locality.—On the Bloomington road, five miles from Le-Roy, there is a tract of land of eighty or one hundred acres in extent, which was a total pond, and water stood on it, and rank vegetation grew the whole summer season; around this there was as many as twenty patients, and five or six deaths.

For some miles along the north side of "Old Town Timber," and about the site of the "Old Indian Village," many cases occurred, and in most every instance the locality was one where sloughs were near or the prairie low and wet.

While it prevailed so greatly near wet places—all those settlements on the high and rolling prairie were in a manner exempt. Thus Merrifield's ridge, the past prairie, the prairie lying between Le-Roy and Randolph's Grove, and the prairie north of us, lying between our village and Old Town Timber.

Mortality.

The percentage of deaths to the number of cases, not keeping notes, we cannot come to a very near approximation, but we would think not more than one in fifteen.

Duration.

The duration of the disease was from a few days to six weeks ; depending in a great measure on the management of the first or forming stages of the disease. In cases where a physician had been neglected to be called in, or improperly treated, the patients either sank from exhaustion, being worn out by tormina and tenesmus, and the waste of system from discharges, or the cases assumed a continued form, calling for a protracted and wearisome course of treatment.

Several of this class of cases at old Town Timber, came into the hands of Dr. S. W. Noble ; two of whom died in four or five weeks of the disease respectively : the first from ulceration of the coats of the intestines, and the second from hemorrhage.

In the treatment of these cases, the physician who preceded him placed his main reliance on Dover's Powders and Tannic Acid. As might be expected, his patients either died or fell into other hands for treatment.

Treatment,

When early applied for, was generally successful. But it was a matter of frequent remark among us, that never was there an epidemic of any kind in this region of country that required more discrimination on the part of the practitioner in selecting and administering his remedies, than this one.

Most of the cases required mercurials at the start, combined with opium, and if there was any periodicity in the accompanying fever, we used quinine freely.

The indications of cure were evidently to relieve pain, restore the secretions, and prevent a recurrence of the symptoms. We generally commenced the treatment with something like this :—

R. Sub. Murias Hydrarg.,	gr. xii.
Pulv. Opii.,	gr. x.
Carb. Soda,	gr. xxx.

Mix, and divide into six powders, one to be taken every three or four hours, according to the severity of the symptoms, and continued them until bilious discharges were gotten up.

The opium was continued with an open hand, not being governed by any fixed rules in its administration. If one, two, or three grains, did not produce the desired effect, we gave the fourth. In many cases it was given until narcotism was produced.

For those cases, and they formed the large majority met with, similar to the one mentioned early in the report, where the discharges were so large and exhausting, we prescribed—

℞. Pulv. Opii, gr. x.
Plumbi Acetas, gr. xxx.

Mix, and divide into six powders, one to be taken every four hours, alternating with a teaspoonful of the following:—

℞. Tincture Camphor, }
Tincture Kino, } aa.
Paregoric, }

This mixture, it is due to say, was first used by my friend Dr. Noble, and was found very useful in our hands during the whole season that the disease prevailed.

Quite early in the epidemic it was found that opium in the form of tincture, was more liable to produce its constitutional effect, than in the gum or pulverized, and when combined with tincture camphor, equal parts, it had a still better effect in relieving the tormina and tenesmus. No specific effect is claimed for the camphor, but its efficiency is attributed to its well known anti-spasmodic action.

It is not necessary for us to enter any further into the details of treatment. Injections of cold water, starch and laudanum, nitrate of silver, pills of opium and nitrate of silver, the salines, &c., were used, but nothing seemed to answer the indications as well as the treatment described.

Dr. J. O. Harris, of Ottawa, sends us the following:—

“Although I have not been able to attend the meetings of the Society, I am much interested in its success and welfare;

and believe that all *true* medical men are in duty bound to contribute something, be it ever so little, to the medical literature of the State. Believing this, I regret that I have postponed writing till this late day, as I can have no time to write at length upon the topics suggested in your circular.

“With regard to your queries, 2nd, 5th, 6th and 7th, I answer briefly, no. Although there have been some few cases of cholera infantum, and during the summer months, diarrhoea among children was extremely prevalent. In this latter disease I found that after exhausting all the usual remedies advised by our standard authors and by my brother physicians, that quinine in *full* doses, frequently repeated, acted (or seemed to act) admirably. I thought at the time that I was prescribing empirically, and now I do not pretend to explain the *modus operandi* of the remedy—I only know this, that my patients recovered under the use of quinine, and I still frequently prescribe it when I see no particular indication for its use.

“I have never been a hobbyist with regard to quinine—ordinarily I have a clear conception of what I wish to do, and what accomplish with a particular remedy, before I prescribe; but I am free to confess that this drug may be required—and not unfrequently either—when I cannot see precisely *how* it is to act.”

In regard to typhoid fever, the Dr. writes as follows:—

“The typhoid fever question is a vexed one with us in Ottawa. Some are almost constantly prescribing for a disease which they call by that name; while others—myself among the number—*very rarely* meet with that disease.

“I have practised here between seven and eight years—I have had patients in all parts of the town, and in every direction in the country, *and have not had more than five cases* which I could call typhoid fever. You say—‘Give your views on the pathology of the disease’; it is unnecessary, as I take Wood and Watson for authority, and in all essential particulars accept their opinions. Our ‘typhoid doctors’ aver that they do the same; yet I notice that their patients have this disease

every year or two, and sometimes twice during the same year; that, (taking the physicians' statements) they do not have the *Rose Spots*—often no looseness of the bowels, and that they almost invariably recover in from 5 to 15 days! Taking all these (and more else) into consideration, I am forced to believe, that with regard to typhoid fever prevailing here, it is all *humbug*. Even the unprofessional see through the flimsy pretext, as I heard a lady remark the other day, that when she was taken sick again, she would send for Dr. Blank, so that she could have a spell of the typhoid fever!

“Now, I beg you will do me the justice to believe, that in writing as I have, it has not been to gratify any private feeling—I am on good terms with these typhoid fever doctors—I could not write less and give you my opinion.

“I have tried to induce some of these gentlemen to give you their views upon these questions; but as they seldom write for our local Societies, it is not probable that you will hear from them.

“I believe that meteorological changes have a decided influence upon prevailing diseases; but as yet, I have found no extensive theories with regard to this subject. I should, however, be very glad if the Society would advise its members to keep records like that accompanying this communication. The whole could then be placed in the hands of some competent man for reduction, and some important facts would undoubtedly be eliminated. If this should be done, the hours of observation should be uniform, say at 7 A. M., and at 2 and 9 P. M., and Green's thermometers should be used, as most of those in common use are not reliable.

“I wish the Society would take some steps to secure the passage of an act, giving us the unclaimed bodies of paupers and criminals for dissection. I have already made some efforts in that direction; but as yet, without any good result.”

METEOROLOGICAL RECORD,
Kept at Ottawa, Ill., by J. O. Harris, M. D.

MONTHS.	Maximum Temperature.	Minimum Temperature.	Max. Mean Temperature.	Min. Mean Temperature.	Monthly Mean Temperature.	Number of Snow Storms.	Inches Snow.	Number Rain Storms.	Inches Rain & Molten Snow.	DISEASES TREATED.
1859.										
January...	47	-15	39.33	-1.33	24.89	3	3.00	4	1.713	{ Rheumatism, Pneumonia, Remittent Fevers.
February..	67	2	54.00	6.00	28.92	4	8.00	4	0.560	{ Colds, Pneumonia, Remit- Fevers.
March....	69	23	57.00	31.66	40.74	3	2.75	5	5.243	Mam'my Abscess's,* Pneumonia
April.....	70	23	61.33	27.33	45.04	1	0.25	10	4.032	{ Remit. Fevers, Pneumonia, Phthisis.
May.....	91	41	74.00	51.66	62.95	.....	.....	13	3.120	{ Intermit. Fevers, Neuralgia, Epilepsy.
June.....	91	51	84.33	45.00	65.81	.....	.....	13	1.690	{ Remit. and Intermit. Fev'rs, Diarrhoea.
July.....	96	45	86.66	54.00	75.23	.....	.....	3	0.732	Do. Scarlatina do.
August....	91	50	79.66	66.00	72.18	.....	.....	7	3.44	Do. Diarrhoea.
September	87	44	75.38	51.66	61.10	.....	.....	10	1.563	Do. do.
October...	79	21	65.66	31.33	47.59	.....	.....	5	2.342	Do. Epilepsy, Dropsy.
November	70	12	63.00	17.66	39.53	1	0.75	7	2.050	Do. Colds, do.
December.	41	-20	33.00	-15.00	18.06	5	8.75	4	0.944	Remit. Fev., do. do.
TOTALS.....						17	23.50	58	27.615	* These were very frequent about the time—never saw so many cases during the same length of time before.

Annual mean temperature, 48-49°; Height of station above the Sea, 500 feet; Hours of Observation, 7 A. M. and 9 P. M.

"I presume there were other diseases prevailing to some extent—I have only given some of the principal ones that I treated."

As Dr. Harris remarks,—“The typhoid fever question is a vexed one.” After all that has been said and written on the subject, it is very obvious that there is still a great diversity of opinion among the members of our profession throughout the State in regard to this disease. I believe that this difference of opinion arises from the fact that most of our physicians fall in with the idea that typhoid fever is a specific disease, and when they come to apply this theory in their practice, they cannot make it correspond with what meets their observation. The mistake—if it be one—has its origin with our standard authorities. From them our medical men get the opinion that

the disease is a specific one—as much so as small-pox, scarlet fever, or measles. It is assumed, that in order to make out a case of typhoid fever, the patient must have been getting sick a certain number of days; he must then get worse and send for his physician; the Doctor informs him that he must expect to be sick from six to eight weeks; that he must not expect medicine to do him much good; and that if he gets well he may thank Providence and his good constitution for carrying him through! During the course of the disease, the medical attendant expects to find the tongue furred with red edges; rose-spots, sudamina, tympanitis, diarrhoea, etc., etc.; and if the patient dies and a post-mortem examination is allowed, he expects to find Peyer's glands affected, and suspects strongly that there must be perforation of the intestines; and if he fails to find all these symptoms and lesions, he is led by his authorities to doubt its having been a case of typhoid fever. Cases may occur, where all these symptoms supervene at some period throughout the progress of the disease—and on the other hand I have not the least doubt but that there are cases of the disease under consideration where more or less of these symptoms are wanting; and in just such cases physicians differ as to the name of the disease.

I believe, too, that a person may have an attack of intermittent fever; this, by mismanagement, or otherwise, may become remittent, and may finally terminate in a genuine case of typhoid fever. I treated several such cases during last summer, and the same kind of cases treated by others who contend that typhoid fever is a specific disease, and they would tell me that theirs were not gradually becoming typhoid, but that they were "*assuming a typhoid condition.*"

If typhoid fever is a specific disease, it must originate from a specific cause. And yet, I believe that four persons may be subjected to the same cause of disease; one of them will perhaps escape with a sore throat; the second may have an attack of fever and ague; the third probably remittent fever; and the fourth may become the subject of genuine typhoid fever. And I would account for this, by their system being in

different conditions, when exposed to the common cause. But neither of them will have small pox or measles.

Neither do I believe that typhoid fever must necessarily run a certain course, and that it cannot by any possible treatment be cut short. I have had patients who I verily believe had typhoid fever, get well at all periods in from five or six days to as many weeks. It might be argued that I mistook the disease,—and it may be that I did—as I make no pretensions to infallibility in distinguishing diseases—although I will presume to say that I have paid considerable attention to the pathology of the disease under consideration during the last ten years. But be this as it may, I know that I have seen Prof. N. S. Davis cure cases (at the Mercy Hospital, Chicago,) which he pronounced typhoid fever, in from a few days to so many weeks; and I will accept Dr. Davis' diagnosis with as great faith, as that of any man in this or any other country. My candid opinion is, that if we were to avoid names of diseases as much as possible, and treat diseases according to their symptoms, it would redound to the benefit of our patients; and the differences of opinion among the members of our profession would be thereby greatly lessened.

NOTES

CONTRIBUTED BY DR. PRINCE, OF JACKSONVILLE, ILL.

Diphtheria.

During the winter months pseudo membranous inflammation of the respiratory passages was prevalent. Sometimes this inflammation predominantly affected the larynx, giving rise to croup; and at other times a bronchitis predominated over the laryngeal and tracheal inflammation, though in fatal cases these were very commonly combined. At other times the disease was confined to the nostrils, pharynx, and mouth, sometimes independent of any cutaneous eruption; and at other times accompanying or following scarlet fever, which was at the same time epidemic, so as to lead to the suspicion that this diphtheria is one and the same disease with scarlet fever, only assuming a different form. The disease manifested a

tendency to travel or spread from its point of origin. This origin has more often been the palate and fauces. In one fatal case which I saw under the treatment of another practitioner, the larynx escaped until within a few hours of death, when croupy respiration manifested itself.

An epidemic of dysentery may occur with such a history as to lead us to believe that it is contagious; but we do not immediately give the disease a new name. It is not difficult to suppose that an epidemic of dysentery or of cynanche, may be contagious in one period of its duration, and not in another; in one immediate locality, and not in another, owing to the greater or less perversion of the secretions. I have just been reading in the April number of the *Chicago Med. Examiner* an excellent article upon the subject of diphtheria, by Dr. Wm. L. Wells, of Milwaukee, in which it is abundantly shown, that this is no new disease, but only a new naming and classification of a form of disease known from the earliest times of medical record.

In this case there was no distinct false membrane, but a sanious discharge from the mucous membranes—especially from the nostrils. The discrasy seemed too great for the exudations or secretions to consolidate to much extent. The little consolidation which did take place, was in minute specks or scales, soon loosened and displaced by the fluid around them. I cannot add any thing to the description so often given of this disease. It was universally attended with prostration, indicating the necessity for a supporting treatment.

The fact of the contagiousness of this disease is made a diagnostic between this and other diseases; but this is a distinction which can only be recognised in the progress of an epidemic, and it is therefore of very little diagnostic value.

The local application of strong solution of nitrate of silver, has not acted as satisfactorily as I had been prepared to expect. A weak infusion of capsicum and a saturated solution of chlorate of potash, singly or in combination, have proved far more satisfactory. In the only cases in which I have seen the muriated tincture of iron applied (in the hands of another

practitioner,) its effect was not such as to encourage me to use it.

The cautious use of alcoholic stimulants, the liberal use of concentrated nourishment, and the laxatives which are least antiphlogistic, have seemed to be the most rational as well as the most successful treatment.

Tracheotomy in the Diphtheritic Laryngeal Inflammation.

If the name croup is to be confined to the designation of those cases of false membranous inflammation of the larynx arising and remaining in this organ, and not traveling out of it: the operation of tracheotomy ought to be nearly as successful in croup, as when performed for the elimination of foreign bodies.

Assuming from the absence of ashy tonsils or other signs of false membranous consolidation upon the mucous membrane above the larynx, and from the absence of the mucous rattle in the chest, that the case is one of uncomplicated croup: the operation in such a case ought to afford rest to the swollen vocal cords, and give the patient abundant breath and almost an assurance of a safe termination.

Yet, it is safe to say, that in a great majority of these cases, the mucous rattle will soon be developed after the patient has seemed to have been saved by the operation, and the hopes so fondly cherished by friends and medical attendants, will be disappointed.

I have operated in five such cases, and have not had the good fortune to save one of them. In three of the cases, death was immediate, and there was no such reaction as to inspire hope after the operation. In the other two, death seemed to be equally impending; but after the opening into the trachea, such was the relief from all distressing and alarming symptoms, as to lead to the expectation of recovery. In both of these cases, death resulted in about four days from the operation from mucous inflammation within the chest. In one of these cases Solution of Nitrate of Silver was applied to the trachea,

and in the other not. Were I again to operate, I should make a very free application of this or other mild caustics, (oresthetics in Tully's classification.)

Were it not for the horror of the operation, it would be resorted to in a greater number of the severe cases of laryngeal inflammation, for when a patient is cyanosed from a deficiency of oxygen in his blood, the occurrence of death soon after this or any other remedy is resorted to, is not likely to be attributed to the remedy itself. In one of the two cases which I have mentioned, the anaesthesia from deficient elimination of carbonic acid was so great, that the child scarcely felt the operation, and yet, after a few hours' sleep subsequent to the operation, he was able to sit up and amuse himself with his playthings.

From the blueness of the skin in deep anaesthesia from ether and chloroform, we are justified in supposing that the amount of elimination of carbonic acid is diminished. If this is so, the employment of the agents to procure insensibility, may not be altogether safe, and in two instances in which I procured insensibility by the inhalation of a mixture of ether and chloroform, I suspected that the inhalation had increased the previous cyanosis.

I have never practised catheterism of the larynx and trachea after the manner of Horace Greene.

Scarlet Fever, and Typhoid Fever.—Use of Veratrum Viride.

The number of deaths occurring during the early portion of the winter from Scarlet Fever, was such as to create a public panic, and yet in some families the cases were all very mild, and other families escaped altogether. This was coincident with the prevalence of cynanche maligna, (Diphtheria,) while Typhoid Fever prevailed to an extent almost to make it epidemic. These three coincident epidemics disappeared, as they had commenced, nearly at the same time.

The mild cases seemed to yield readily to treatment whether homeopathic or by the use of appreciable doses, while the severe cases were well calculated to generate scepticism with regard to the power of treatment to control the progress of the disease.

Some of the cases of scarlatina manifested much excitement in the first stage, and in two cases I used Norwood's Tincture Veratrum Viride. This acted like a charm in controlling excitement, and moderating the frequency of the pulse. The remedy has seemed to me to be a powerful antiphlogistic, requiring to be accompanied or followed by stimulants in diseases tending to terminate in adynamic conditions.

The necessity for the use of stimulants in the progress of disease is, however, very far from being a condemnation of the previous use of depressing agents in the former period of the disease. We all know that in injuries and operations involving the certainty of inflammation of the membranes of the brain, the only safety is in depletion to an extreme degree for the first few days; and if in the progress of the case we have to nourish and stimulate freely, we do not call this a reflection upon the correctness of the preceding treatment. We well enough know that if the treatment upon which the patient gets well, should be employed in the earlier periods of the treatment, death would be the inevitable result.

In diseases we may expect an earlier abatement of the sthenic symptoms than in the example adduced, and it is very necessary not to confound the expression of adynamic congestion with that of sthenic inflammation.

In one of these cases in which the Veratrum Viride was used, the patient died with blue skin, indicating internal adynamic congestion. The other recovered after the free use of alcoholic stimulants.

With my present experience, I should use the stimulating treatment more speedily after the control of the pulse by means of the Veratrum Viride, and employ it very freely.

We are in danger of falling into the error of over stimulating, without previous *elimination* of the retained secretions of sluggish glands; now that the medical world is all in a rage to stimulate, while we may regard a case under treatment as one to require supporting treatment during its progress; we may commit a fatal error, if we fail to administer previously or coincidently a cleaning out dose, which shall make the patient conscious that he has had bile in him.

I have never given *veratrum viride* in but one case of typhoid fever. In this case a pulse of 140 was readily reduced to 80 by four drop doses, repeated every four hours as long as might be necessary, and renewed upon the rising of the pulse and repeated as soon as found necessary. Notwithstanding some nausea and vomiting, the patient seemed to derive positive comfort from the remedy. Its occasional exhibition was kept up during several successive days. The patient recovered after a long course, using concentrated nourishment and alcoholic stimulants pretty freely at last.

Mercurial cathartics were frequently given during the course of this case with apparent advantage. These were given to remove supposed glandular congestions, and not with any view of their being otherwise curative.

I have been led from this and the majority of the cases of typhoid fever which have fallen under my observation, to doubt the existence of any enteritis as a necessary accompaniment of the disease. That inflammation is frequently present is not denied. It is suspected that the inflammation is only a frequent and accidental development, in an idiopathic disease.

The tympanitic condition is very far from being any evidence of inflammation. It is often a symptom of hysteria from gas within the intestinal canal, readily passing off under the stimulus of aloes and *asafoetida*. In one of the most prostrated cases of typhoid fever which has fallen under my notice during the past season, there was an enormous development of gas within the alimentary canal, which would accumulate, producing extreme frequency of pulse and shortness of breath; but on introducing a tube into the rectum and allowing it to pass off, the pulse would fall in frequency and the respiration increase in depth. Previous to the evacuation of the gas, there would seem to be tenderness on pressure upon the abdomen; but afterwards, no tenderness at all. Many of the cases of sunken abdomen with tenderness on pressure, are examples of true mucous inflammation, requiring the liberal use of opium and the cautious employment of laxatives.

How important it is to treat diseases, not according to names, but according to conditions.

The following communication, from the pen of Dr. Nance, we also insert entire :—

LA FAYETTE, Stark Co., *April* 23, 1860.

C. GOODBRAKE, M. D.,

Dear Sir:—The Circular issued by the Committee on Practical Medicine, of whom you are President, was duly received, and should have been responded ere this; but business has prevented it. I humbly hope, even yet, my meagre contribution may meet with a welcome from my professional brethren, and especially from the President of the Committee on Practical Medicine.

I shall endeavor to answer the interrogatories propounded by your committee in as brief a manner as possible. And in reply to No. 1, "What have been the most prevailing diseases in your locality during the year?" I would answer that the year 1859 and up to the present in 1860, has been one peculiarly favored by unusual health. I would say that I have been engaged in the profession in this place for nearly fifteen years, and am confident that no year during this time has been so healthy. The question propounded is one hard to answer; it would be extremely difficult to select any one disease that has prevailed very generally, and certainly none as an epidemic, until within a month or two in 1860; during which time epidemic Erysipelas has prevailed.

During the latter months of summer and early months of fall, we always have more or less of intermittent fever on the streams, and occasionally on the prairies; but since our country has become almost one *dense* farm, and no fresh turf in our prairies is being turned over, this disease is disappearing from us with great rapidity; and would say to the eastern family who contemplated emigrating to our fair land, that they need fear the ague no more in Illinois on our high prairies. As those miasmatic diseases of former years are fast disappearing from amongst us, it would be supposed *apriori* that their places would be supplied by some other diseases; and I think it can safely be said, typhoid fever has become a more common disease; so has phthisis pulmonalis, and I need hardly

remark that scarlatina has become much more frequent, and its type of latter years has usually been very malignant. I think I practised medicine for six or eight years before I even witnessed a case of genuine pseudo membranous croup. Never saw a case of granular disease of the kidneys until the year 1856, since which time I have seen quite a number.

In regard to the ratio of mortality, I would say that it is certainly greater than of former years to the number of patients. All physicians regard intermittent and remittent fevers as the simplest types of febrile diseases, and of course would expect to find the mortality less than in more grave diseases; and this is certainly the case. When we had scarcely any other diseases to treat but these, in the summer and fall, we lost but very few patients, and consequently the responsibilities resting upon us were not great; hence, it was a pleasure to practise medicine, as nearly all our patients recovered. But as the diseases of our country have changed so much, and as we have such a great variety to treat, and the type is so very different, we are in a continued state of suspense and uneasiness when treating most of the diseases that present themselves to us. I think those remarks not only apply to this immediate locality, but will be pretty freely concurred in by all medical men residing north of 40° in this State, as our State north of this degree has settled up and been improved about the same time.

No epidemic prevailed in this vicinity in the year 1859. Since March first in this year, erysipelas has prevailed to some extent. I have seen during this time seven patients; in every instance it made its appearance on the face, usually on the side of the nose; one instance on the lips, one on the brow, and one originated from the boring or puncturing of the ear in a young lady of some 26 or 28 years old; she was sadly paid for her *fashionable* trouble, as it came near causing her death. Of the seven patients under my care, one died—the patient was a lady of 47 years, nervo-lymphatic temperament, rather plethoric, but relaxed fibre. This was the third attack she had suffered from in three different years—connected with the erysipelas she always had derangement of the liver and bowels, amounting to great torpor of the portal circle, constipation and

bilious cholic—also fever of an intermittent type. Gave her calomel followed by spts. turpentine, and oil ricini followed with sul. quinine and muriated tinct. ferri, to be continued *per re nata*—morphia sulphas with Doveri sufficient to keep the system quiet—tinct. iodine, to be freely applied over the part affected. I would remark that the erysipelas did not make its appearance until the fourth day from the attack; regarded the case as one of congestion of the lungs, liver and bowels; think she would have died had not the erysipelas made its appearance at all. I treated all my patients pretty much on the same principles, and with success; some cases I applied collodion instead of tinct. iodine—cannot say that iodine has any advantage over collodion; of the two, think I should prefer the latter in most cases.

In regard to our diseases during the past winter and present spring, I would say they have been very different from usual during the same time in former years. After the *customary* January thaw, pneumonia usually makes its appearance, also catarrhal diseases, especially amongst infants, and occasionally amongst adults—sometimes pleuritis or pleuro-pneumonia.—But this winter and spring, none of those diseases have prevailed to any extent. I have not seen more than three or four patients with pneumonia; not more than five or six with catarrhal fever, and none with pleuritis. Instead of sthenic or asthenic inflammatory diseases of the respiratory organs, as is usual during the latter part of winter and first few weeks in spring, our diseases have been congestive in their character, and instead of the disease as is usual being located upon those organs, the congestion has been principally confined to the liver and bowels; in some cases general congestion seemed to be the type, affecting the brain and lungs, and also extending entirely through the whole chylopoietic viscera. But in my practice the congestion has been principally confined to the bowels, producing general constipation, cholic, uneasy sensation throughout this region, and in a few instances producing mucous and sanguineous discharges, resembling well formed dysentery. In no case have I seen active inflammation in the bowels, with the exception of two cases of puerperal peritonitis. I treated

those congestion cases by the free administration of prot. chlo. hyd., combined with pulv. rhei, given in doses of 4 or 5 grs. of the former with 8 or 10 of the latter, given every five hours until the bowels moved; and when I found a patient who could not take the rhei, I gave oil ricini four or five hours after the administration of the mercurials. Sometimes I found it very difficult to move the bowels, then enemata were ordered. On inspection of the alvine evacuations, they were invariably found of a dark hue, usually quite green. The continuation of this course of mild purgation invariably brought about a healthy appearance of the stools; after which convalescence was established. I would remark, that during the interval that purgatives were not given, I ordered sulphas quinia every two or three hours; and in some cases, it was found indispensable to administer some form of an opiate to relieve the severe cholic that some suffered under. Patients did not convalesce as rapidly as after diseases of the lungs of a sthenic type. Some cases were quite protracted, or rather changed into a chronic diarrhœa; this was treated quite successfully by the turpentine and tinct. opium emulsion

Ques. No. 4.—Typhoid fever has prevailed to some extent—in one family seven patients had it. I hold that it is strictly an *enteric* disease, and is not susceptible of being but very little abbreviated by any treatment;—three of the patients in this family had hemorrhagic discharges; two had petechia, and all had sudamina; all had diarrhœa and tympanitis. All of those patients recovered with the exception of one, who was an invalid before she was attacked; had been suffering for years from hepatitis. I diagnosed softening of the liver previous to death. Several other cases of typhoid fever came under my care during the fall; but in no other instance was there more than two had it in the same house.

My treatment, stated in brief, consisted of spts. nitri. dule 3 viii; Norwood's tinct. veratrum viride gtts. xl; mix, give one teaspoonful to an adult every three hours so long as the active stage remains, increasing or diminishing the dose as the case requires. It may be necessary to continue this medicine for eight or ten days or more. I also prescribe at the same

time turpentine emulsion, usually combined with tinct. opii : the first prescription subdued the activity of the pulse, and acts favorably upon the urinary and perspiratory systems : the latter containing laudanum, quiets the nerves, promotes sleep, and the spts. turpentine has its specific action upon the glands of the mucous membrane of the bowels. I use fomentations to the bowels, and sometimes turpentine epithems. When there is a tendency to convalescence, or the system seems to be sinking, I administer wine, sul. cinchonia, pulv. camphor and carb. ammonia : or rather select out of those articles such as I think are most demanded. My prescriptions during the fall under such circumstances, constituted of sul. cinchonia grs. iii, camphor grs. iv, carb. ammo. grs. iii, mix, and give every four hours, and alternate with wine from 2 to 3 teaspoonfuls.

Would say, I had no confidence in the quinia in the first stages of this disease : believe it really to be detrimental. In conclusion, I would add, that the above is my treatment in the well marked cases : complicated ones, of course, require variation in treatment.

Cholera Infantum has not prevailed with us during the year. A few isolated cases made their appearance. My treatment is principally minute doses of calomel until the liver is sufficiently acted upon : then acetate plumbi combined with minute doses of ipecac, and sometimes creta prep. or lime water, administered at the same time.

Stomatitis Materna has never prevailed here as an epidemic. I occasionally see an isolated case of it.

In concluding this article in reply to your interrogatories, I would state, that during the time that erysipelas was prevailing in our community, several women were confined under my care : and two out of this number were attacked with puerperal peritonitis, both of whom died. I would call the attention of the profession to this subject as another proof of the strong similarity, if not identity, of the two diseases,—showing conclusively, that when one is an epidemic the other is also ; and that when one prevails, the other does likewise.

In reply to query No. 8, I would state, that in former years I had but little confidence in any medication in scarlatina; but a year or two since I saw an article from a French physician, recommending the free administration of carb. ammo. in this disease, stating that out of 50 or 60 patients, none died. I resolved at once to give this article a trial on the first cases that should present themselves to me. Very soon I had an opportunity in some malignant cases connected with spasms, &c. One little patient in particular, I thought would certainly die. I immediately made a solution, so that each dose would contain as much as 3 grains, and ordered it to my little patient every hour or two. I had the satisfaction to see a complete recovery, and all the patients, amounting to 13 or 14 in the neighborhood, were treated in this *heroic* treatment, and with complete success. I have the confidence under similar circumstances with the remedy, to use it in the same way, should an epidemic occur in our midst.

All of which is respectfully submitted,

HIRAM NANCE, M.D.

The following is from Dr. Haller, of Vandalia:—

C. GOODBRAKE, M. D.,

Dear Sir:—As usual, the prevailing diseases have been malarial, with a greater degree of congestion and nervous irritation than ordinarily. The stomach and bowels being so irritable from congestion, as to prevent the early administration of antiperiodics; consequently many of them assumed a continued form, and for days would resist all our efforts to bring them to a favorable issue. Calomel in small doses, often repeated with sulph. morphia and bi-carbonate of soda, I found the most efficient agents in these cases, while the irritability of the stomach and fever continued: after they would subside, I usually gave a few sedative doses of quinine, which this year was about 8 grs., when formerly it took some 12 or 15 to have the same effect. For some time past I have observed that patients required much less quinineism than formerly. I am unable to account for this change.

As winter approached, these symptoms became more mild; the cases that occurred up to February were, as a general thing, of a mild type. Now pneumonia, accompanied with severe functional diseases of the billiary organs and great nervous debility, set in; several cases I had, proved fatal; the complications were of such gravity as to show but too surely the grave claimed another victim. These cases all required the tonic and supporting treatment from the beginning; indeed, any other treatment would have hastened them on to a dissolution. Many were under this course from the excessive nervous debility, commence sweating the cadaverous sweat, the countenance becoming hippocratic, they sinking with all the appearance of having died of cholera or pernicious fever. The only means I found of availability, was quinine with diffusible stimulants and extensive vesication in the early stage of the attack, and if I could bring my patients thoroughly under these effects before the collapsed stage I could save them; but if this took place, or if the disease had been permitted to run so long, they invariably died. The symptoms in these cases were the most grave I have witnessed for years; occasionally we have an apparent epidemic of this kind, with the symptoms and course of the disease as follows: The lungs are first attacked with congestion, or rather engorgement; then deep seated congestion of the liver, stomach, spleen, kidneys, spine, and brain, finally ends the drama; the patient soon succumbing from deep congestion of all the vital organs. Some die in a few hours; others by reason of great strength, last two or three days, during which time there is no reaction: these cases have always proved fatal in my hands, and on inquiry, I learn others are just as unsuccessful. In conversation with Prof. John S. Moore, of St. Louis, in relation to such cases, he informed me that when he practised at Carlisle, on the Kaskaskia River, he occasionally had such cases; saved but one, and her recovery he attributed to early blistering her entire spine, with the free use of calomel, quinine and stimulants, which he thought was the only treatment that would be likely to effect anything toward a cure. Encouraged by his success, I tried these agents effectually; but they proved abortive in

my hands. These cases continued to occur up to the middle of April, since which time diseases have been of a mild type. Notwithstanding the prevalence of these grave cases, the last year has been one of universal good health.

Diseases are undergoing changes continually. The intermittents and remittents that used to be so rife in this section, are becoming less frequent, and those of a continued type of more usual occurrence. Diseases of the respiratory organs are increasing; also nervous diseases are becoming quite prevalent: consequently the treatment has changed,—the old routine practice, with intelligent physicians, has become obsolete—less of the heroic and more of the expectant plan is adopted, allowing our patients as much nutritious diet as the digestive organs can manage; or in other words, we support the powers of nature while she effects the cure, instead of the abortive treatment we find so efficient in our bilious intermittents and remittents. Diseases have so changed as to generally require the expectant and supporting plan of treatment rather than the abortive.

This section has been exempt from typhoid fever the last year; it is a disease that seldom occurs here—only now and then a case occurring: therefore, I have formed no new ideas of its pathology or treatment from that laid down by our standard authors. I treat the cases I have on general principles, with satisfactory results. I have no new suggestions to offer in the treatment of disease that would be of any practical advantage.

I have before given the topography of our county.

Yours respectfully,

F. B. HALLER.

We have had but very little sickness in De Witt County during the last year. Through the autumnal months we had some cases of remittent fever which proved unusually stubborn—and several deaths occurred. The administration of quinine was not attended with any benefit whatever, and the old plan of giving calomel and diaphoretics with effervescing draughts, seemed to be attended with the best results.

During the winter we were visited with an epidemic of hooping-cough which carried off a number of children. In all the fatal cases—so far as I know—the brain became affected. The little patient would become comatose, and in from twelve to twenty-four hours from the time these symptoms made their appearance, convulsions would set in, which soon terminated in death. The treatment which seemed to answer the best purpose, was occasional small doses of calomel, and oil or enemas to open the bowels when necessary; when the brain became implicated, enemas served the best purpose; and in those cases where convulsions were threatened, blisters were applied to the back of the neck.

The following mixture seemed to answer a very good purpose throughout the continuance of the disease:

R Pulv. Coccinellae,	℥ss.
Carb. Potassa,	℥i.
Sacchar. Alba,	℥ii.
Fl'd Ext. Asclip Tuber,	℥i.
Aqua. Destil,	℥iv.

Misce, S. Give a teaspoonful—to a child—every three or four hours, or, according to indications. I believe the mixture will—in ordinary cases—cut the disease short; and in protracted cases it will alleviate the most distressing symptoms of the disease. Occasionally assafoetida was given with good effect. But the most troublesome disease we have had to deal with in this vicinity for the last two years, is diphtheria. This complicated and fatal disease made its appearance in our County in September 1858, since which time it has proved fatal in a great many cases—the attacks being about in the proportion of two adults to three children.

There has been so much said and written upon this subject lately, that it is unnecessary to enter into a description of the symptoms, and I will only state that the trouble about the fauces and tonsils was not so difficult to get along with as the general prostration of the system; and other symptoms which would in almost all cases supervene throughout the course of the disease. Among these symptoms, I may mention the irregular action and painfulness of the muscles of the neck,

swelling, and sometimes suppuration of the parotid gland, pain, and sometimes convulsive twichings of the muscles of the extremities.

As a local application to the fauces and tonsils, we found the mur. tr. iron to answer the best purpose in all cases that came under our treatment. We tried the nitrate of silver, sulph. of copper, alum, and alum and sulph. of copper combined; but the tinct. of iron seemed to have the best effect in our hands.

The best remedies internally, seemed to be quinine, tinct. of iron, chlorate of potassa, and good porter or brandy with good nutritive diet.

BOOK AND PAMPHLET NOTICES.

REMARKS ON A REVIEW OF DR. BRINTON'S WORK, entitled, "ULCER OF THE STOMACH," by the *American Journal of Medical Sciences*, for July, 1859. By T. DEVILLE, M. D., Associate of King's College London, late of Ecole Partique, Paris, and Prof. of Anatomy, Lind University.

The reputation of Dr Brinton as an anatomist, physiologist, and pathologist, has been now, for some time, well established in Europe. Few men in medical science have so rapidly risen to eminence; his investigations have been of a most extended and elaborate nature, and have conferred upon him a distinction of which he may well be proud.

Many of the best articles in the cyclopædia of anatomy and physiology are from the pen of this highly gifted and talented physician, for example, "Serous and Synovial membranes," "The Eighth pair of Nerves," "Stomach and Intestines," &c. He was made associate of King's College, when the writer of this article became a matriculated student, and afterwards was appointed demonstrator of Anatomy and Medical Tutor. This creditable position gained at an early period of his career, was soon eclipsed by his appointment of lecturer on physiology at St. Thomas' Hospital, and physician to the Royal Free

Hospital, where he has had unbounded opportunities of becoming familiar with diseases, and drawing from them the rich material with which his book abounds.

To him the writer is greatly indebted for the knowledge he possesses in anatomy and physiology, having placed himself under the private tuition of Dr. Brinton, on entering on his college career, and it is but the homage due to this distinguished physician, that the writer now attempts the task of exposing an unfair criticism.

The reviewer contrasts the large materials announced by the author in his preface with the smallness of his results, and not only suggests doubts as to how far the field claimed to have been ranged by the author, has really been examined by him, but specifically questions the likelihood of any physician having met with 200 cases of gastric ulcer in fifteen years of practice, as Dr. Brinton states himself to have done.

So far as it is genuine, the contrast is one the reviewer had a perfect right to make. He is just as much entitled to say that Dr. Brinton has contributed little to our knowledge, as the great bulk of the medical press has had to express or imply the opposite opinion. The *London Medical Chirurgical Review* in four or five successive numbers, devoted a large part of its crowded space to the original researches Dr. Brinton sums up by these lectures. Those scarcely less eminent organs of scientific medicine, the *Edinburgh* and the *Dublin Journals*, have paid him high praise expressly for the originality and value of his researches; according to one, original in every line; according to the other, withdrawing successfully the various diseases of the stomach from the domain of conjecture, in which Dr. Abercrombie had permitted them to lie. This favorable verdict seemed confirmed by the translation of different parts of Dr. Brinton's researches into French, German, and Italian reviews. The various weekly journals unanimously came to the same conclusion, and differed from each other only in the seats which they selected for special mention. And as the chief, if not the only fault to these energetic and vivacious organs of medical opinion, is mere liability to a spirit of '*clique*,' it may firmly be surmised that a gentleman whom all agree to

be working usefully for the improvement of this branch of medicine, has not been judged on the slender grounds by which a *single critic* is occasionally prejudiced, for or against an author. So that, though the reviewer before us had a right to express his opinion, the profession in America are equally entitled to know *that it is a singular one*, and may fairly be asked to hear it appealed against.

But so far as the reviewer hints or intimates any thing more, or impugns, ever so obliquely, the facts of his author, he stands on a very different footing, and ought, in the name of common truth and honesty, to say either more or less. Dr. Brinton's rising success is not likely to be seriously effected by any carping critic. And though we happen to know that he is one of those who peculiarly values and studies what America is daily adding to medicine and to physiology, and comes of an English family, whose descendants in Philadelphia includes some of our most accomplished and respectable citizens; yet the question is not to be put on grounds even of justice or sympathy to an individual. The profession, which is deeply interested in labors such as his, is just as much interested that labourers of this kind should be appreciated, as that pretenders should be unmasked. The inducements to toils like his are not so many, nor the difficulties and risks so few, as that we can afford to diminish the former, and increase the latter, by what really seems either wonton carelessness or gross injustice.

Come we then to the book itself; and first as regards the observations, the author claims to sum up: twelve hundred records of gastric ulcer, noted during life, and verified after death, form the staple of his statistics. Six hundred of gastric cancers are also quoted; and finally such a series of gastric 'cirrhosis,' dilatation, &c., &c., as imply a range as wide, if not wider, than that which furnished the preceding. Let any one of our readers turn to the latest and best works on this subject; for example—Budd, on the Stomach—or better still, let him walk into the best museum of the largest city he may chance to inhabit, or visit, and we are very much mistaken if a consideration of the statements of the book, or the prepara-

tions of this museum would not show that both must be multiplied forty or fifty times over, to give what two of the European reviewers, have well termed the 'vast and elaborate' materials scattered with such unpretending profusion through Dr. Brinton's pages.

We can, however, excuse, if not pardon, the blindness of the Reviewer on one ground: that it is possibly congenital. The most material development, and the wide diffusion of intelligence in Europe, make the concentration and resources of our English scientific brethren a thing very difficult of accomplishment. The rich and numerous libraries and museums at the disposal of a highly educated London physician, have no parallel here. And though we do not wish to detract from the well earned credit Dr. Brinton has gained, of imparting into an obscure and vague department of medicine all the polish and precision of a philosophic inquiry, it is, we are firmly persuaded, neither a fault nor a misfortune that American physic cannot wait fifteen years, and range the literature and museums of half Europe before it writes its book. Suffering from no such metropolitan centralization as English physic is continually growling at, it can afford to receive at second hand these wide and elaborate summaries of disease. The hosts of people whose deaths are utilized in a single book like this, represent a class of diseases to a great extent unknown in this favored country. Want of food and fresh air, destitution of body and depression of mind, so prevalent in most of the great cities of Europe, form a fruitful source of the diseases treated by Dr. Brinton in the work under consideration. And our medical brethren, some of whose works on practical subjects are doing good service in English literature, are no fit objects for condolence in the circumstance that they cannot range a dozen hospitals, or half-a-dozen languages, for that slow and daily accretion of materials which inquiries like Dr. Brinton's claim to sum up.

What personal claim he has to belief, is a more delicate question; and one which, if these lines should meet the eyes of himself or his friends, we trust he will excuse us for opening up. But we think credibility of this kind is best decided

by evidence of two kinds : internal and external ; the statements themselves, and the results of personal knowledge. As respects the statements, the singular care with which every vagueness or blot is exposed by the author himself, might suffice to vindicate his accuracy. Every word seems to be weighed. His best conjectures, or most seductive theories, are never offered without the opposing facts which threaten, or limit, their value. In short, it is so absurd to imagine any question of his good faith, that we can hardly imagine his reviewer would, on second thought, affect to impugn it. As a matter of analogy, his lectures on Intestinal Obstruction, lately published in the *Lancet*, show him repeating, before the first medical audience in England, the Royal College of Physicians, the results of what he confesses to be a *comparatively imperfect range* of the subject ; but yet states to extend over 12,000 *promiscuous necropsies*, and to refer to 600 necropsies of this disease ! And in an early volume of the *Pathological Transactions* he casually contributed, with a deprecatory introduction by himself, a table, in which some *sixty cases* of a very rare malady, intra-cranial aneurism, are quoted, each with the specific reference to its original narrator.

The opinion in which his accuracy is held by those who know him personally, is a matter less easy to inquire into : but from all we can learn, he is regarded as unusually scrupulous, and perfectly trustworthy.

The doubt of the *two hundred* cases of gastric ulcer he claims to have had under his own care, is easily disposed of. The writer of this article has reason to know that Dr. Brinton's hospital patients for a long period amounted to the number of 300 weekly. And on turning to the monograph which gives the details of his observations on this disease, it will be found that only 4,000 cases are claimed by him as the yearly number he sees. Remembering the facilities afforded by these hospitals, and the way in which special attention to any particular class of diseases speedily secures to any hospital physician a vast influx of similar cases sent by grateful patients, or professional friends from among the millions of inhabitants in and

around London, it seems to us quite certain that, here as elsewhere, there is all the caution of an under-statement, instead of an exaggeration. Indeed, the reports of cases appended to this monograph bear dates which conclusively, though incidentally, prove his numbers to be true—fifteen cases selected from the practice of a few months only. On the general value of his results we venture to side with the majority of his reviewers, and against the critic in question. From the first to the last page, every sentence is, as one of the critics has pointed out, carefully weighed; and, we would add, bears the impress of a refreshingly distinct personality. Originality is, indeed, everywhere so marked, that its least obtrusive manifestations go by with scarcely any notice. Our cotemporaries, for instance, generally speak of the introductory chapter on the "Physiology of the Stomach," as a good account which includes the latest discoveries and researches on the subject. And yet there is scarce a part of the book for which the author could more successfully claim originality, and even novelty. The office of the pylorus, the movements of the stomach during digestion, the mechanism of vomiting, and especially the structure of the gastric tubes in reference to the gastric juice, as well as the relation of this secretion to the blood, if not the mechanism of its secretion—all these are treated of, in a manner which is as novel as it is original; and implies no ordinary amount of experimental and inductive skill.

The reviewer's last protest is against the word "cirrhosis" of the stomach; in alluding to the imperfections of which, he, by the way, only follows the author himself, who points them out in a foot-note. As regards "linitis," the term suggested to be preferable by Dr. Brinton, we can only say that it seems as good Greek as most of our nosological terms, and certainly expresses both the nature and seat of the lesion. And since, after all, things must be denoted by some words, we really think that a reviewer who agrees with his author in the necessity for making a new sub-division in the species of any science, ought not to be contented with expressing a vague dislike of the term, which does what he thus confesses to be indispensable; but should show its faults, and suggest a better.

We allow that the style of the book is open to exception. Here again, however, the author in his Preface is beforehand with the critic. It is not intended as a text-book ; but addressed to advanced students, and not to the practitioner of thirty years age ; and supplemental to the systematic lectures of himself and his colleagues. The book, an *octavo*, and not a *duodecimo*, as seen by the somewhat prejudiced eyes of the reviewer, corresponds with this purpose ; and requires that its reader should either come to its perusal possessed of the average information hitherto known on the subject, or prepared to give his full attention to the terse-pithy sentences and careful qualifications, in which the author deliberately chooses to impart his knowledge. That a book so written should be easy and fluent was impossible, without a latitude of dimensions which would have destroyed their original form ; and we would add, that rightly or wrongly, the British public dislikes monographs, and will not read them, or even buy them. So that most men who devote themselves to illustrate and advance any department of medical science, must choose either the general and half-educated reader on the one hand, or the real student on the other.

CLINICAL CASES.

BY THE EDITOR.

Case 1. *Hemoptysis*,—*Premonition*, &c.—Mrs. D——, an intelligent American woman, aged about 24 years ; was attacked with pulmonary hemorrhage on the 25th of August, 1860. Two days previously to the attack, she told her husband that she was about to have hemorrhage from the lungs, from which she should never recover, and became much depressed and nervous.

The husband, who was an educated physician, endeavored by reasoning and cheerful conversation to remove her fears, more especially as she was in her usual health. The impression, however, remained indelibly fixed on her mind, until the bleeding actually commenced.

I was called to see her a few hours after the flow of blood commenced. Found her face pale; her mind and nervous system much agitated; pulse 130 per minute, and moderately full; respiration short and hurried; with almost constant, though not rapid, expectoration of fresh blood. There was a great sense of oppression across the chest; or a mixed feeling of faintness and suffocation. At the time of my arrival, she had taken a solution of common salt as freely as her stomach would bear, and also a solution of gallic acid. Subsequently she took in succession, acetate of lead with morphine to allay the nervous excitement, alum, tinct. matico, tinct. gelsemium, oil turpentine, and quinine. But none of these, aided by the most perfect quietude, produced more than a very temporary and partial suspension of hemorrhage. So constant and considerable was the discharge of blood, that at the end of the third day, she was extremely pale; pulse frequent and soft; skin cool; with great sense of oppression across the chest, faintness, and frequent palpitations of the heart. The prostration was so great, and the bleeding so persistent, as to render the prognosis decidedly unfavorable.

At this stage of the case we advised the tinct. ferri murias, and tinct. of ergot, equal parts, of which 40 drops were taken every two hours. Under the use of this mixture the hemorrhage ceased in less than twenty-four hours, and has not been renewed since. The remedy was continued in smaller doses and at longer intervals for eight or ten days. There was no cough before the attack of hemorrhage, and there has been little or none since, although several weeks after the attack, there was sufficient alteration of the respiratory murmur and increased dulness on percussion, over the infra-clavicular region of one side, to justify the suspicion that tubercular deposit existed. There is evidently a hemorrhagic diathesis in the family, inasmuch as the father of the patient and one sister had previously died from Hemoptysis.

Case 2. *Hemoptysis in an Infant aged eight months.*—*Probable congenital tuberculosis.*—The child of Mr. B—, was a male, apparently healthy at birth: That is, to all outward appearance, it was

well formed, plump in flesh, and active. It was soon observed, however, to breathe habitually short and more hurriedly than natural. As it became old enough to make muscular efforts, or attempts at play, this peculiarity was more observable, and when a sleep, there was often a peculiar grunt with each respiration. The pulse was more frequent than normal, and there seemed to be an unusual susceptibility to cold, with occasional short cough. Still the child continued to be well nourished, and presented the outward aspect of fair health. At about the age of eight months, it was suddenly attacked with hemorrhage from the lungs. It was soon checked ; but within twenty-four hours, it returned, and so copiously as to produce suffocation almost immediately. A *post-mortem* examination revealed the existence of a single mass of tubercular deposit full an inch in diameter, located near the centre of the upper lobe of the right lung. The central part of this mass was softened to a semi-fluid consistence, while the circumference remained firm. The hemorrhage proceeded from the rupture of a small vessel on the margin of this tubercular mass. Two or three small masses of tubercle existed in the same lobe of the lung, but the rest of the lungs and all the other viscera were healthy. Both the parents appear to enjoy fair health, and there is no known hereditary tuberculous tendency in the family of either.

SELECTIONS.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, Oct. 17th, 1860.—Discussion on Tetanus.—The President, Dr. John Watson, read a paper on tetanus, of which the following is an abstract:—Tetanus may originate as a primary or secondary disease, the former being the idiopathic, the latter the traumatic form. Idiopathic tetanus is rarely seen in this city, though it is not uncommon in certain localities. Traumatic tetanus is not always due to mechanical injuries, but may result from burns, ulceration from frost-bitten limbs, chemical irritants, congenital syphilis. Trismus nascent-

tium, so frequent in warm climates, he has never seen. Tetanus, then, as seen in this city, is assignable to some pre-existing local irritation, which affects innervation of the excito-motory apparatus. The severity of the attack bears no relation to that of the wound, a slight scratch, or abrasion of the skin, having in his observation induced a fatal attack. Tetanic symptoms may supervene immediately after the injury, or be delayed for weeks, even until the wound is healed. An angry wound, however, or an ulcer in which suppuration has been arrested, is more liable to be the precursor of an attack. When tetanus is about to occur, no remedies addressed to the wound, such as removal of the cause, amputation of the limb, &c., can arrest it. Tetanus belongs to the class of self-limiting diseases; it rarely lasts beyond the fifth week, and, when general, seldom subsides before the close of the third week. When about to terminate in health its order of retrocession is rarely the same as its onset, nor is its apparent subsidence always permanent. The author entered minutely into the symptomatology of the disease. In fatal cases death is apt to occur within four or five days, either by asphyxia, spasm of the heart, or exhaustion. Where death occurs during a paroxysm it is more often due to the former cause. Several illustrative cases were adduced by the author, in one of which he performed tracheotomy with only temporary relief. Spasm of the heart as a cause of death in tetanus is denied by some writers, but Dr. Watson reports a case in which the fatal result was attributable to that cause, the muscular fibres of the organ being found hard and rigid like cartilage. A case was also given, fatal after amputation of the arm for its relief. In regard to the mortality from this disease, Dr. W. believes that excluding cases in which the employment of powerful remedies has been excessive, and those cases fatal from the severity of the original injury, not less than one-third, or perhaps one-half of those judiciously treated, recover. Of thirty-three cases, of which he has memoranda, occurring in private and hospital practice, and with every grade of injury, there were eleven recoveries. These successful cases were reported at length, and illustrate the author's mode of treatment, which is assafoetida, wine, and fluid nourishment, or, in other words, support, and guarding against spasm. The assafoetida is administered by the rectum, or in a watery emulsion.

Dr. A. H. Stevens, in reference to the relation of cold as an exciting cause of tetanus, referred to a case of fissure in anno which he had operated upon several years ago. The gentleman lived in the country, and the operation was performed on Sunday, with the understanding that the patient should re-

main in town until the following Tuesday. Contrary to directions, however, he started for home on the afternoon of the same day, and being exposed during the night to a draught of air in his state-room in the steamboat, caught cold, which in the course of a few days eventuated in tetanus. The treatment consisted of opium, mild enemata, and the free use of beef tea. The case was successful in its issue. Dr. S. further remarked, that he looked upon a person who was suffering from tetanic paroxysms in the same light as one who was being subjected to hard labor; hence the attendant copious perspiration, and consequent exhaustion. He did not think that the necessity for a mild course could be too strongly urged. In conclusion, he expressed his entire concurrence with the views set forth in the paper.

Dr. J. Marion Sims remarked that the late Dr. Drake established the fact in regard to the traumatic tetanus and hydrophobia, occurring in the valley of the Mississippi, that they bore an inverse ratio to each other; that as you go south attacks of the former become more frequent, while the tendency to hydrophobia decreases. So far as the progress of the disease was concerned, all the cases that Dr. Sims had seen were self-limited in character, and also self-curative. He further stated that according to Curling the cases terminated hebdomadally or at the multiple of an hebdomadal period, and that if the disease lasted over a week there was a probability of recovery. Dr. S. advocated the sustaining treatment, but stated that he had seen but very few recoveries take place in the south, where he believed the disease was more fatal in its tendency than elsewhere. He referred to a case which occurred to him fifteen years ago at the south, of a negro who was seized with tetanus in consequence of a punctured wound in the foot from a nail. Having on consultation of authorities seen division of the nerve recommended, he determined to perform such an operation upon the post-tibial. This being done, marked amelioration of the symptoms followed, and the patient finally recovered. In regard to *Trismus Nascentium*, he stated that he had published a paper upon that subject, in the *American Jour. Med. Sciences*, some time in 1848, illustrative of his peculiar views of that disease; that he considered it a disease of centric origin by mechanical compression of the medulla oblongata. The first few cases were of such a character as to induce him to believe that the pressure was occasioned by the occipital bone; subsequent observations, however, established the fact that lateral pressure might produce it equally as well. At that time also he advanced some theoretical views as based upon his first few cases, which, however, he was since compelled to retract. He

stated that in parturition the occipital bone was depressed and overlapped by the two parietals at the lambdoidal suture, for the purpose of accommodating the diameters of the head to those of the pelvis; and that if the bone was allowed to retain its position there was always danger. It is a disease that very seldom occurs after the ninth or tenth day, but is most usual during the first three or four days of existence. Contrary to the generally-accepted opinion, it is liable to occur in the coldest climates. In conclusion he referred to the following case, occurring in the practice of Dr. Griscom. The child had suffered from the following symptoms during thirty-six hours: borborygma; greenish passages from the bowels; constant sleeplessness; inability to suck; moaning and slight spasmodic twitches. On examination of the cranium, the peculiar abnormal relation already referred to between the occipital and parietal bones was noticed; the child was placed upon its side in such a way that the weight of the head rested along the edge of the os frontis, and in about a minute after the child became perfectly quiet, and slept four hours. An hour after waking all the unpleasant symptoms had subsided, and the little one was able to take the breast.

Dr. McNulty remarked that it was a scientific maxim that, like causes under like circumstances must of necessity produce like results. This being the fact, if this rule was applied to tetanus, it would be found that the disease was not the result of local injury, inasmuch as very few of the vast number who received such injuries suffered from any tetanic spasms. He thought that it was necessary to suppose in those cases where persons did suffer from the disease, that a tetanic diathesis existed, and that the wound was merely the exciting cause.

Dr. Watson remarked that Dr. McNulty took very singular views of the subject. According to such a theory it would be as well to suppose that hydrophobia did not depend upon the bite of a dog, because every one bitten did not suffer from the disease.

Dr. J. P. Batchelder stated that in every case of tetanus that had come under his observation, the *first* symptom which showed itself was a *stiffness of the muscles of the leg*. He thought that such would be found to be the fact in all cases, if the patients were interrogated with reference to that point. In his experience, if the patient survived the first week with a pulse not over 100, he would get well.

Dr. H. D. Bulkley recollected being told by Dr. Knight of a case of idiopathic tetanus.

Dr. M. G. Porter referred to a case of idiopathic tetanus which occurred to him four or five years ago. The patient was ten

years of age; the attack was a very severe one, and recovery was the result of a free use of brandy and beef-tea. From the absence of evidence to the contrary, he considered the case as unquestionably idiopathic in character.

Dr. J. Foster related the history of a case of tetanus which seemed to have been caused on two successive occasions by the administration of bi-chloride of mercury.—*Amer. Med. Times.*

The American Medical Monthly and New York Reviewer. October.—ART. 1.—*Clinical Researches on the Action of Diuretic Remedies*, by AUSTIN FLINT, M. D.—The author gives the report of ten cases in which he reports from day to day the treatment, quantity of urine, specific gravity, and amount of solids in twenty-four hours. The acetate of potassa was given in three cases, all of which were cases of sub-acute rheumatism, with the effect of increasing both the quantity and solid constituents of the urine. The nitrate of potassa was given in six cases, viz. four of ascites dependent on cirrhosis, and two of albuminuria from Bright's disease; and in all the cases, save one, the remedy was followed by an immediate increase of the quantity of urine and amount of solids. The exceptional case was one of albuminuria in which vomiting and purging were prominent symptoms, and the remedy appeared to act as a cathartic. Digitalis, squills, and juniper were given in combination in two cases of albuminuria; in one no diuretic effect was produced, but in the other the quantity of urine and the amount of solids were increased in the same proportion. Iodide of potassium was given in one case of albuminuria; the dose was small, and no diuretic effect produced. In one case of subacute rheumatism the wine of colchicum was given, which appeared to increase the amount of solids, while the quantity remained unchanged. The external use of diuretics was employed in three cases, in which a mixture of the tinctures of digitalis, squills, and iodine was applied freely over the abdomen twice daily, accompanied with brisk friction, with apparent diuretic effect. The author concludes that not much reliance can be placed upon the value of diuretics in the treatment of ascites dependent upon cirrhosis, as they augment the solids out of proportion to the increase in quantity, thereby tending to injure rather than benefit the patient; that they may sometimes be usefully employed in the treatment of albuminuria dependent on Bright's disease; that the rational indication in the treatment of subacute rheumatism by diuretics is to increase the solids of the urine, and the acetate of potassa seems to fulfil this indication. He offers to furnish a proper

field of study to any competent young man willing to devote a portion of his time in the further pursuit of this subject. ART. 2.—*Lecture on Displacements of the Uterus*, by E. R. PEASLEE, M. D. ART. 3.—*Lecture on the Physiology of the Circulation*, by J. C. DALTON, JR., M. D. ART. 4.—*A new instrument for the local application of anæsthetic and stimulating vapors for deafness, neuralgia, &c.*, by H. P. DEWESS, M.D., NEW YORK. It consists of a delicate retort with nozzle projecting an inch and a half, perforated by a capillary aperture, and a supply-tube rising about an inch above the level of the neck; this being filled with ether is placed in a glass-receiver, filled with moderately warm water, and the nozzle applied to the part affected.—*Amer. Med. Times.*

On the Prevention of Pitting in Confluent Small-Pox. By WILLIAM STOKES, M. D., Regius Professor of Physic in the University of Dublin.—[The various modes previously employed, with a view of preventing pitting in cases of small-pox, may be thus enumerated:]

1. The puncture of the pustules when matured.
2. The application of nitrate of silver.
3. The application of oil, or of the *linimentum calcis*.
4. The covering the face with a solution of gutta percha, with collodion, or with glycerine.

[The first of these modes is best adapted to a benign form of the disease, in which the pustules, though numerous, remain discrete for a longer period than in the severer cases. As to the second mode, Dr. Stokes has had no personal experience; it will be most suitable, like the last, in milder forms of the disease. The third form Dr. S. has tried, but does not consider either application of much value, though the linimentum calcis is preferable.]

During the past five years I have used gutta percha and collodion in a considerable number of cases. These, however, were not by any means examples of the worst form of the disease. In most of them the crust came off in large flakes or patches, composed obviously of the dried exudations and the covering material, and leaving the skin uninjured. To render this treatment effective, at least so far as the exclusion of the air is concerned, it is necessary to renew the application at intervals of from twelve to twenty-four hours; for the covering seems to be repeatedly broken up by the advance of the eruption and the swelling of the parts. Some patients are greatly distressed by the feeling of constriction caused by the

coating of gutta purcha or collodion, and in general the treatment in question appears unadvisable where there is much vascularity, heat or swelling.

Looking at the frequency of pitting on the face, as compared with that of other parts of the surface, it is not easy to account for it, unless by referring to the fact that, while the rest of the surface is kept covered, and so not only comparatively excluded from the action of the air, but in a state of humidity, the integuments of the face remain in a dry and heated state—first, from the action of the external air, and next, from the increased vascular action. Hard and hot scabs are formed, and the ulcerative process makes its way downwards to a greater or less degree. Some have held that the liability of the face to markings was to be explained by anatomical considerations. However this may be, it will be found that in cases in which from an early period certain portions of the face have been kept protected from the action of the air, and in a permanently moist state, pitting does not occur. This may be seen in cases of sthenic confluent small-pox, where, with the view of preventing the adhesion of the eyelids, poultices have been used over the eyes. In such cases it will be often found that every part of the face is marked, except those over which the little poultices had extended.

The application of poultices over the face appears to me to be the surest mode of preventing the consequent disfigurement. We should commence their use at the earliest period, and continue it to an advanced stage of the affection. In most cases they may be applied even over the nose, so as to cover the nostrils, for these passages are generally so obstructed as to be for the time useless to the patient. If the nostrils can be kept pervious by injections, the poultices need not be applied over their orifices.

If the chances of marking are in proportion to the activity of the cutaneous irritation, we may hold that this method should fulfil three important indications of treatment—

1. The exclusion of air ;
2. The moderation of the local irritation ; and,
3. The keeping of the parts in a permanently moist state, so as to prevent the drying and hardening of the scabs.

The value of this treatment, however, will, I feel convinced, be best seen in the inflammatory or sthenic form of the disease. The best poultice will be that formed of linseed meal, which should be spread on a soft material, such as French wadding, and covered with the gutta-purcha paper or oiled silk. I have never had occasion to repeat the adoption of this practice.

[Dr. Stokes sums up his paper with the following conclusions:]

1. That the chances of marking are much greater in the sthenic or inflammatory, than in the asthenic or typhoid confluent small-pox.

2. That considering the change in the character of disease, both essential and local, observed during late years, we may explain the greater frequency of marking in former times.

3. That in the typhoid forms of the disease the treatment of the surface by an artificial covering, such as gutta percha, or by glycerine, will often prove satisfactory.

4. That in the more active or non-typhoid forms, the use of constant poulticing, and of every other method that will lessen local inflammation, seems to be the best method of preventing the disfigurement of the face.—*Dub. Quarterly Journal*, p. 111.

EDITORIAL.

MEDICAL SCHOOLS IN CHICAGO.

Lind University.—The Medical Department of Lind University commenced its Second Annual Course of Lectures on Monday, October 7th. Prof. W. H. Byford delivered the general introductory Lecture, to a very full and intelligent audience, composed of Students, members of the Profession, and citizens. The incentives to high attainments in the science and practice of Medicine, constituted the theme of the Lecturer; and these were developed and urged upon the attention of the Students, in a manner both pleasing and profitable. The full Course has now been progressing four weeks, with perfect regularity and satisfaction in all its departments, and the number in attendance shows a very gratifying increase over the class of last year. We have learned that this increase would have been much greater, had it not been for an impression circulated industriously, to the effect that Students attending their first course in the Junior department of this University, would not receive credit for a full course, if they should wish

to attend a second and graduate in any of the schools in Philadelphia or New-York. If there ever was any foundation for this story, it is entirely removed by the more perfect arrangements of the present term. For while the Faculty strictly adhere to the original rule of holding all junior students responsible for close attention to, and a thorough examination on, the important branches specially included in the junior department, they have so arranged the lecture hours that they are also privileged to attend all the Lectures on the practical branches. They will thus become entitled to, and will receive, a certificate of attendance on a full course of *five* months, including all the branches usually taught in the best Medical Colleges in this country.

Rush Medical College.—We are informed that the regular Annual Course of Lectures in this institution will commence on Wednesday evening, Nov. 7th. The number of Students attending the preliminary Lectures up to the present time, indicate a class for the full term of about the same number as in former years.

Hahnemann Medical College.—Under this title, the practitioners of Homoeopathy in this city, during the past summer, organized a Faculty, fitted up Lecture rooms, got the usual puffs in the newspapers, issued numerous circulars, and finally when the eventful day was near at hand on which they had fixed for opening the institution, they advertised a whole week of Introductory Lectures. The week came and passed away, and with it *three Students*, one of whom had been previously appointed "Demonstrator of Anatomy." But as all three of the students wanted their tickets on credit, we believe the Faculty has never progressed in its course beyond the introductory. In other words, the "Hahnemann Medical College, of Chicago," stopped just after it started. We hope our friends of the Hahnemannic order will not be discouraged. We would suggest to them an appeal to the Ladies for another *benefit*.

CHICAGO ACADEMY OF MEDICAL SCIENCES.

REGULAR MEETING, Nov., 2d, 1860.

DR. HAMILL, President, in the Chair.

After the usual preliminaries, Dr. M. O. Haydock, who had been appointed to deliver the anniversary address, read a paper on Leucosythema. Some discussion was elicited by this paper, from which it would appear the disease in question is of very rare occurrence in this city. We hope to give the paper of Dr. Haydock entire in our next issue.

Hooping-Cough constituted the special topic for discussion at this meeting; and elicited remarks from Drs. Bevan, Bloodgood, Haydock, Schloetzer, Hamill, and Davis.

Dr. Bloodgood stated that he had used the Belladonna in many cases of this disease; in some with prompt benefit in lessening the severity of the cough, and apparently shortening the duration of the disease, while in others it seemed to exert no influence. He had found the extract more efficacious than the tincture. Dr. Heydock had met with the same variable results from the use of Belladonna, but had generally found benefit from the use of cochineal with the alkalies. Dr. Schloetzer, stated that he had usually seen Hooping-Cough promptly and permanently relieved by feeding the patients on meat and rich animal broths with plenty of wine. He recommended to a child two years old half a pint of wine per day. Dr. Davis inquired whether the difference in the effect of Belladonna and other narcotics on different cases of this disease, was not owing to diverse pathological conditions of the air passages? For while the disease was doubtless essentially spasmodic and dependant on a peculiar irritation established in certain nerve structures, there often existed coincidently, especially during the first two weeks, a low grade of irritation in the bronchial mucous membrane. When such was the case, he had not found Belladonna or any other narcotic to act beneficially unless combined with an expectorant. The discussion was maintained with interest until the hour of adjournment.

SCOTT COUNTY MEDICAL SOCIETY.

The Scott County Medical Society held its regular quarterly meeting at the City Hall, Davenport, on Tuesday, Oct. 30th, commencing at 10 o'clock A. M., a fair number of members being in attendance.

The President, Dr. Gamble, being absent, the Vice President, Dr. Witherwax, took the Chair.

Dr. Lyman Carpenter, of Blue Grass, stated through the Censors that it was his intention to remove from that State, and requested of the Society honorable dismissal. Action upon the matter was postponed till the afternoon session.

After the transaction of other business the Society adjourned till 2 o'clock P. M.

AFTERNOON SESSION.

Dr. Gamble, the President, appeared and called the Society to order.

The request of Dr. Carpenter, made at the morning session, was unanimously complied with, and the President and Secretary were directed to issue an appropriate card of dismissal.

Dr. Barrows then offered the following preamble and resolution, which were adopted unanimously:

Whereas, Dr. Lyman Carpenter, one of the founders as well as one of the most respected members of this Society, has requested and had granted an honorable dismissal, for the reason that he is about to remove from the State of Iowa; therefore,

Resolved, That this Society cannot but regard with pleasure the relations which have been uniformly maintained with our departing brother, and regret that it has become necessary for him to dissolve his connection with us; also, that Dr. Carpenter carry with him those assurances, upon our part, of continued interest and regard which a consistent medical career in our midst so eminently deserve.

Dr. Fountain presented a case of recovery from hip joint disease in the person of a child nine years of age, the same having been effected under the influence of a mode of treatment which Dr. F. detailed at length.

Dr. Parry read a paper describing a fatal case of poisoning occasioned by swallowing the seeds of the stramonium (thorn-apple or Jamestown weed). The reading of the paper elicited considerable discussion, and many members stated cases of a similar character coming under their observation, although not always with fatal results.

In connection with the subject, resolutions were offered by Dr. Parry, and adopted, requesting the City Council of Davenport to declare the poisonous weed a nuisance, and to take measures for its extirpation.

Dr. Fountain offered the following preamble and resolution :

Whereas, The medical profession are everywhere cognizant of the fact that the crime of *criminal abortion* is fearfully prevalent, and increasing in all classes of society ; and

Whereas, The progress of civilization and the spread of religion appear not to have had the effect of diminishing this species of iniquity ; therefore be it

Resolved, 1. That the members of this Society will co-operate with the American Medical Association and other organizations of the kind in using every effort to disseminate a knowledge of the criminal nature of practices which are too often regarded as harmless, and frequently resorted to by many who would shudder at the thought of destroying the life of a human being.

2. *Resolved*, That the members of this Society unite in sentiment with the opinion of the best and most learned men of the profession in all parts of the world, that the foetus is a living being from the earliest period of gestation, the willful destruction of which, except when required for the preservation of the life of the mother, is a crime as monstrous as infanticide, and its perpetrators should be regarded as felons by the laws of man, as they must be by every precept of morality.

3. *Resolved*, That every member of this Society who may be known to yield to the solicitations of any party for the purposes above indicated, shall forfeit his membership and be regarded as unworthy of fellowship by all honorable physicians.

4. *Resolved*, That it shall be considered the duty of every physician, when application for such purpose is made, not only to decline promptly, but to exert his personal influence to the utmost to prevent its accomplishment, by explaining its crim-

inal character and removing as far as possible the erroneous opinions which are so generally prevalent regarding the life of the fœtus.

5. *Resolved*, That we denounce the common practice of newspaper proprietors in publishing advertisements which are calculated to encourage the practice of criminal abortion, as one prolific cause of a vast amount of crime and immorality, for which such newspaper editors and proprietors are thereby in a great degree responsible.

6. *Resolved*, That we likewise denounce the practice of many druggists in keeping for sale and dispensing such preparations as are known to be used for the purpose of producing abortion, which practice is no less reprehensible than to furnish poison when knowingly purchased with murderous intent, and by which all such druggists are *participis criminis* in the evil work of corrupting good morals, and willfully engaged in aiding and assisting in the perpetration of a crime which should be held in abhorrence by every member of a civilized and Christian community.

Which, having been read and commented upon, were unanimously adopted :

The application of Dr. Bowen, of Le Claire, for membership was laid over till the next meeting.

Dr. Baker was continued as essayist, after having rendered a satisfactory excuse for non-performance of duty at the present time.

Drs. Fountain, Keith and Adler, were appointed the committee on prevailing diseases.

A vote of thanks to the City Council, for the use of the council-chamber, was adopted.

The Society then adjourned.

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THE CHICAGO MEDICAL EXAMINER.

EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

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THE CHICAGO MEDICAL EXAMINER

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DECEMBER, 1860.

No. 12

ORIGINAL COMMUNICATIONS.

VALEDICTORY ADDRESS,

Delivered to the Medical Class in Lind University,

By Prof. T. DEVILLE.

GENTLEMEN.—There are moments peculiarly felicitous in the lives of men who have devoted a considerable portion of their time to occupations which demand much patient labor, and where pecuniary recompense and honors are tardily dealt out, though had the same amount of energy been directed in channels of a different nature, they would most probably have lead to distinction and fortune.

I frankly avow at this moment that I feel vain and elated at the very flattering testimonial just presented me. Your appreciation of my qualities as a teacher, and your good wishes so kindly expressed for my future well-being and success, excites in my breast a feeling of honest pride and gratification which will be retained to the end of my existence.

None are so well qualified to judge the capabilities of the teacher, as the pupils who daily surround him; pardon me the vanity of stating that this is another of the pleasing proofs, which it has been my good fortune to receive, that my labors have met the approval of those amongst whom I have found myself in the relation of an instructor.

In my introductory address last year, I distinctly disclaimed for myself any pretensions to eminence in my particular branch of science. I have again to reiterate it; you will have seen that any success which is due to my teaching, has arisen

rather from the energy and zeal with which I prosecute my duties, than from any special capabilities as a teacher. I love my calling, and nothing gives me greater pleasure than when I have been enabled to make some difficult point well understood by the class which I happen to have been instructing.

I feel deeply sensible of the very imperfect course of anatomy which I delivered in this school last year, for my circumstances sorely militated against me. To give a course of anatomy which may prove satisfactory to the teacher and of sound benefit to the student, I believe it should be of a more extended nature, the teacher should be aided by abundance of good preparations and diagrams, and above all, his whole energies should be concentrated on the responsible duties which the science peculiarly demands, his mind should be freed from the pressing anxieties of having to provide for his commonest necessities, and not exposed to causes which may depress his spirits, producing sometimes abstraction and incapacity from a hundred annoyances and disappointments.

I very much regret that my mission amongst you, has, in some respects, been unsuccessful, and that circumstances have obliged me to tender my resignation. I embarked my little all, the accumulated savings of a number of years, and contracted debts to provide myself with a suitable outfit for carrying on with credit a course of anatomy. Nothing would have induced me to abandon the post, and leave you, but the constant battle which I foresaw that I should for a long time be engaged in, to gain enough to meet the expenses of my moderate daily requirements. "The laborer is worthy of his reward," and when he cannot secure even a small recompense, he is driven by sheer necessity to seek it elsewhere. In the short space of twelve months, I am obliged to return to my native country, for my means will not permit me further to prolong my stay.

I do not enter into these details with the idea of a hacking blame to any individuals, for no one is responsible, it was my own act in coming out here. I thought that this would be a good point to meet with pecuniary success, that the opportunities which I had enjoyed in my profession would be duly

appreciated, and remuneration sufficient to meet every moderate requisite immediately attained. I found on my arrival a great commercial depression, no money to be had, and but a few students. I realised in a moment the exact state of things, and began my career in this city with gloomy forebodings.

I must apologize for entering upon these purely personal details, and on which I ought perhaps to have been silent, but I felt that the explanation was due to my colleagues, so that no misinterpretation might get abroad as to the real causes which have led to my resignation. I am happy in being able to assure you that the relations which exist between myself and colleagues at the present time, are of a very friendly nature, I wish them sincerely success in their enterprise, that this department of the University may become the model institution of the North-West, and the graduates as a rule, recognized as men of superior intelligence by their brother practitioners.

Permit me here to offer a few remarks on medical education. I think preliminary education of great importance, more than seems to be insisted upon by the medical authorities of this country; I believe that a young farmer will find his progress in medicine very difficult, if he has not previously undergone disciplinary study.

The system of lecturing has been, and continues to be greatly abused, and one which cries loudly for reformation. This has been recognized in Europe, hence the evil has been much modified, and a better plan inaugurated.

I am proud to say that the Faculty of the Lind University is the first one, which in this country has acknowledged the truth of this proposition, and had commenced a system which possesses peculiar merits if rigidly carried out. To become connected with a highly intelligent body of professors who were engaged in the noble task of ameliorating the system of medical education was worthy the ambition of even a great man, and it was with the desire of aiding such a project by my humble efforts which powerfully induced me to accept the chair of anatomy amongst you.

When I was a student of medicine the vicious system of attendance upon six courses of lectures during the winter session

and nearly as many in summer was in vogue, though the Faculty of medicine in King's College opposed it, and recommended that the students should attend not more than four daily, and so arranged the curriculum that the studies prolonged over another year, extra to the ordinary academical course. I well recollect not having accorded with the recommendation, it being optional on the part of the student, as they could not enforce regulations which were in opposition to the ordinances of the examining boards. As I was a matriculated student, and the cost was no more, I thought I had better get through the prescribed course as quickly as possible, considering the system of lecturing as then practiced, a great bore and unmitigated evil, but in reviewing my student's career, I regret much that I had not accepted in full confidence the recommendation of my teachers. I had afterwards to sit about the earnest study of subjects on which I was imperfectly informed. My sin was visited not unfrequently on the head of a Mr. Deveulle, whose name so nearly approached my own, that we were often confounded, and errors arose notwithstanding the protestations of Mr. Deveulle. The Dean had made a remark against Mr. Deveulle's name, as having taken out six tickets contrary to the recommendation of the faculty, and in consequence strict examinations were to be inflicted.

I well recollect one Monday morning when at the weekly *viva voce* examinations of the class, the Prof. of anatomy, in looking over the list of names came to that of Mr. Deveulle. Ah, says he, here's a gentleman who is I suppose a perfect walking encyclopædia of anatomy and medical knowledge generally, as he is attending six courses of lectures. On examination poor Deveulle could not answer the question propounded, and got for his ignorance one of the notoriously caustic and pithy reprimands of the Prof. which elicited a war of laughter from nearly two hundred students.

I am glad to say that the curriculum first proposed by the faculty of King's College for the ordinary pass examinations, has been adopted by all the medical boards, and is now in full force.

The system of lecturing dates from the earliest period in the history of medicine when there was but few books; and almost the sole chance of instruction was by attending the lectures of celebrated professors scattered over Italy, Holland, Germany and France, one here, another there, thus entailing a long and expensive pilgrimage to the shrines of medical science, the avenues to which were difficult, and the laborers few.

Now, in this age of intelligence and progress we have abundance of books, enough to bewilder any student, and unless teaching be of a practical nature it loses much of its value. I do most solemnly protest against the system of six lectures, clinics, and dissections per diem, as being utterly impossible on the part of the student to profit by such a course. If he gains knowledge it will be of such a superficial character as to be of no real value whatever, and if he pays particular attention to one branch of study, it will be to the detriment of others, all of which have a relative importance, and in either case, under such a system his medical education will be lamentably deficient.

And yet the improved system inaugurated in this University has been publicly denounced by the President of the neighboring college, notwithstanding all that has been said against the system pursued in his own school, by the highest representative of the profession in this country, the American Medical Association. I should like the pleasure of making a practical examination of such a set of students, after their second course, in Anatomy, Physiology, Pathology and Surgery. I would soon make them feel their real ignorance, and yet they receive the highest degree recognised in medicine, and go forth to the world pompously as educated physicians. The system is notorious and cannot be too loudly decried. My colleagues do not pretend that their own is anything like perfection, but they have *made one bold step* in the right direction, their system allows a little more breathing time for observation and reflection, and does not hurry them through the steam-mill at such a rapid rate. It is something to have accomplished this much, and entitles the faculty to the respect and confidence of every intelligent physician.

As preliminary to scientific studies an education in classics and mathematics is very desirable, it fits the mind for active work, besides being a sound embellishment. Again, before commencing medical studies proper, I think two full courses of six months, of a practical nature in natural Philosophy and Inorganic Chemistry, combined with two full summer courses in Botany and Natural History cannot be too highly estimated, if the student wishes to mark out for himself a distinguished position in the profession.

In Medicine, Surgery, Anatomy, Pathology, Chemistry, Physiology and Midwifery, the only rational manner of teaching these respective branches, is to teach them, as much as possible practically, at the bed-side, in the post-mortem theatre, dissecting room and laboratory, aided by experiments, diagrams, models, preparations, &c.; otherwise the professor merely gives you so many words compiled from his own and others experience, which frequently is as quickly forgotten. This is very faulty, for the medical sciences are really those of observation and can only be taught effectively by way of demonstration.

I well remember attending a course of lectures at the Royal College of Surgeons in London, by Prof. Owen, on the homologies of the temporal bone. These lectures were very learned and scientific, so much so, that they entirely bewildered me, I was mentally obfuscated, until one day I had a simple demonstration on the subject of these lectures, and comprehended perfectly the essential leading points in less than half an hour.

Those branches of medicine which from their nature cannot be taught practically, I think it useless to exact the attendance of students on lectures; rather let the professor enjoin the use of a good text-book, make stated examinations on the subject, simplifying what is difficult to comprehend, and giving the result of his own observations as the occasion presents.

The system of examinations is one of great importance in medical education, and what I am glad to say is recognized by the faculty of this University. I think it might even be pushed further with advantage.

I have been in the habit for a number of years, as I have proceeded in a lecture, step by step, to ascertain if the students understand the point which has been demonstrated; in other words, whether I have made myself clear on the subject, adapted myself to their intelligence, and frequently I would drop on an unwary student, whom I thought perhaps to be at the time somewhat inattentive, with the happiest effects; a good moral discipline has been induced, and enthusiasm has prevailed, and what might otherwise have proved a dull lecture has been felt entertaining and useful; for once mistify a student and his interest in the lecture flags, he cares but little about it, and is glad to hear the bell summons the professor to shut up. Weekly *viva voce* and monthly written examinations are exceedingly useful, and even frequent examinations held amongst students themselves, is, I believe, of the highest benefit. This practical system may be taken as a fair outline of the one which has been gradually brought about, and is now employed in several of the best British schools.

I have given these few practical hints on medical education as the result of observation and my deep convictions. On the subject of education generally, and the difficulties which beset the medical student in the outset of his career I will not venture to enter, it has been so admirably treated by my talented and esteemed colleague, Prof Byford, at the recent Introductory Lecture, that I can but echo his deductions. His apt illustrations proved incontestably that our attainments depend much on our own individual energies, and confirmed the truth of the old adage, "whatever man has done, man may do." I advise you to ponder deeply over the sound counsel then given, and determine each of you to profit by it, in vigorous resolutions faithfully carried out in spite of the many obstacles you may have to contend with.

This brings to my recollection an era in my own history: I had finished the ordinary curriculum of medical education necessary for the position of a general practitioner. One day I took a walk and found myself at the foot of Vauxhall Bridge, London, in a neighborhood which was at that time comparatively free from noise and bustle. I sat down on a large stone,

of which there were groups lying about for building purposes, and soon became buried in deep thought. The question presented to my mind for solution was one of the highest importance: it was no other than my future destiny. Shall I now commence general practice, or shall I prepare myself to take a creditable position in the profession? I determined on the latter course. It is said we act sometimes in the spirit of contrariety, and so I was judged for a long time, for my friends desired me to commence practice immediately. I had exhausted all my means, upwards of seven thousand dollars, and now, if I persisted staying in London I could hope but for little aid from home, my friends would gladly have assisted me in the early years of private practice, but spending longer time and money in study was considered by them as utter folly. I revolved over in my mind the necessary steps by which I could ultimately gain reputation, and the more I thought on the matter, the immensity of the difficulties which would beset me almost appalled me. I loved anatomy, and determined that I would make its study the basis of my future success.

I was unprotected by the friendly hand of any distinguished man, to watch over and push my interests, and when I contemplated the many great intellects which served me as models, towering up in such colossal grandeur, I thought it great presumption on my part for ever daring to attempt the task. Nevertheless, I set about the work in right earnest; I pledged my fine gold watch to raise money for dissecting materials, and obliged to earn my own living: every spare hour was consecrated to the one great object, the pursuit of anatomy, and thus it has gone on from days to weeks, from weeks to months, and from months to years; and though I many times bruised my shins against opposing rocks, which obliged me for the time to abandon the path, still I soon regained it, and urged onwards with ever-recurring ardour, and now I begin to feel I have made some progress towards the summit of my ambition. Though the mountain top is yet clouded, the vapor is thinner, and gradually unveiling, I think I descry the ultimate boundaries. Still there is much to accomplish, and I will not now abandon the effort; I feel it to be the one great object with

which my life is identified, and to which I will consecrate my best energies; if I fail, I shall have at least the satisfaction that my labors were creditable.

My attention has been drawn to an article by Prof. Brainard in the *Chicago Medical Journal*, for this month, entitled "Notes relating to the extirpation of the Parotid Gland." It contains remarks which I cannot allow to pass unnoticed. As to the arguments and so-called facts brought forward, I shall take an early opportunity to prove their entire fallacy, and though I cannot raise my voice, rest assured, gentlemen, I will not fail to wield my pen with vigorous effort, and from a quarter where evidence and materials will not be wanting to aid me.

Though scarce a notice is made of me in the article alluded to, it is worthy of comment that it appears eight months after the criticism, when it was perhaps fondly hoped "la diable" was out of harm's way; but you may depend that once having entered on a discussion, it is a matter of difficulty to beat me, for I never engage on a subject unless I am deeply convinced, from undeniable proofs, that I have truth on my side.

Prof. B. tries to get up a cry of persecution, and insinuates that the Faculty of this University are trying to hunt him down. This, I believe, to say the least of it, to be a greivous error under which he is laboring, and is far from the truth. I know well that I had a difficulty at the time with my colleagues on the propriety of this attack, and was remonstrated with; I am not discreet, never was, or care to be, so long as I am sustained by weighty and sensible reasons. I claim for myself independent action, and entered on the discussion entirely on my own responsibility. I must here solemnly protest, in justice to my colleagues, against the assertion of Prof. Brainard, that the Faculty are determined to make war on him, or that they had any connection whatever with my critical lecture. It is the feeling, perhaps, that the cap fits well on the other side, which has given birth to such an absurdity. These petty jealousies and rivalries are the failings, and, to a certain extent, the appendage of humanity, which ought to be kept within bounds, or they will prove an endless source of misery to the

individual who displays such a weakness. For my own part, I feel none towards Prof. Brainard or his colleagues; I should extend to them the same cordial feeling I do towards my own associates, if I had been permitted. True science is cosmopolitan, and merit is recognised wherever it is found by the votary of science however humble he may be. I stand up here to proclaim to you that in my opinion Prof. Brainard is infinitely superior to the great bulk of men around him, and his attainments are of a creditable nature. In justice he deserves commendation for what he has done in surgery; yet truth must be upheld, if he promulgates errors which are in opposition to the teachings of anatomy and the experience of those eminent professors who have so strenuously denounced them, whose brilliant talents I revere, from having so often listened with great profit from their own lips, and to whom I am indebted for much of the little knowledge I possess.

I will now briefly enter on the reasons which called forth on my part a strong protest and exposure of the article written by Prof. Brainard, "on the extirpation of the Parotid Gland!" I had previously taught the impropriety of this operation on the ground of its difficulty; but I never spoke of its utter impossibility. In this opinion I am supported by the highest anatomical authorities, whose unqualified testimony cannot be questioned.

I knew the opinion of the three most celebrated operating surgeons of modern times, compared to whom Prof. Brainard is a little child not yet emerged from his swaddling clothes, who affirm most positively and unequivocally that they have never extirpated the parotid gland, or seen any disease thereof, the so-called diseases were really enlargement or degeneration of the lymphatic glands in that region, and the operations performed were wrongly construed.

In his late article he brings forward ninety cases of the parotid extirpation, "a-la Brainard," and yet three of the greatest surgeons *have never seen one*.

I like the style of my old teacher, Prof. Fergusson, who begins his remarks on the subject by putting down these exploded errors in terse terms,—“Twenty years ago,” says he, “it was

the custom to speak of extirpation of the parotid," &c., &c. And here comes an important duty—it is that of being his champion when his authority is ignored on a subject on which he has spoken out so positively. I should smile at the derisive sneers of the whole medical men of Chicago, even if every one estimated me as an ignorant fool, so long as I feel that I have the confidence of yourselves and my colleagues to sustain me. I feel assured that you would be as so many valient hearts to defend me right manfully from the machinations of the libeller.

Not one argument which I brought forward has been fairly met by Prof. Brainard, and as to his assertion that any practitioner can detect me in a "gross error," I have only to say, gentlemen, wait a little longer.

On referring back to the experience of last winter, there was much to gratify me and counterbalance the many discouraging circumstances under which I labored. We got up quite a respectable amount of enthusiasm and work on anatomy; many nights of the week found you, my dear fellows, trudging for miles in some cases, in spite of frost and snow, wind and rain, to my rooms or the college. We had glorious times, a kind of anatomical jubilees that made me forget when amongst you, the sorrows which lay so heavily on my heart. Yes, my old pupils, I shall always have pleasant reminiscences of my past career in Chicago, when I associate it with your attention and respectful homage.

I have fallen crippled, but I feel assured by your testimonial this day that I have not fallen ingloriously; I hope soon again to regain my feet, and mount slowly the hill of science. My worthy and revered colleague, Prof. Hollister, who is already so favorably known to you, has succeeded me, and I feel great pleasure in bearing my humble testimony to his energy and ability, and which are so gracefully combined with the principles which make the true gentleman and christain. In his hands I resign the trust, confident that he will ably lead you on; and I hope I may live to see the day when this institution will have attained a high degree of reputation. I feel myself

identified with it, all my hopes in life have been centered here, and I shall ever entertain a lively interest in its progress.

Wherever you may be, rest assured I will not forget the individual members of the little band whom I had the pleasure to direct, and who cheered and animated me by their kindness and devotion. My dear old pupils, I will cherish your memories.

And now I come to the last sad task, to bid you, one and all, affectionately, Farewell.

CASES IN PRACTICE.

By F. K. BAILEY, M. D., JOLIET, ILLINOIS.

Hemorrhage from the Mouth Occurring Periodically.

CASE 1. Was called Wednesday, 17th, 1851, to visit C. K. æt. 27, large and robust; habits active. About the first of the month he began to feel soreness and stiffness in the region of the lower jaw of the left side, attended with pain in the back tooth. At first he paid but little attention to it, except the application of simple remedies to allay the uneasiness. Within a few days, however, there commenced a slight hemorrhage from the mouth, continuing with occasional interruptions, until I saw him, when it had become profuse.

I found him pale and feeble, but otherwise the functions were in a normal condition. The flow of blood had ceased before my arrival, and his mouth was stuffed with cotton, which I did not remove, for fear of breaking up the coagulum which had formed. I left him with directions to recall me if the blood should start again. The bleeding commenced again in a few hours, and continued till fainting resulted, when it again stopped, but I was not notified.

On Friday morning the 19th, I called and found there had been no hemorrhage since the fainting on the previous day. At this time I cleared his mouth of coagulum, and endeavored to find the orifice from which so much blood had escaped, but without success. I then left with special directions to call

me should a recurrence take place. In the evening about eleven o'clock, I was summoned, and found the vital fluid running freely from his mouth. On examination found a strong pulsating point upon the ridge of the jaw immediately back of the tooth that had ached, and from this point the blood flowed per saltem at each beat of the heart. I extracted the tooth and the bleeding ceased immediately.

Saturday morning, 20th. Called and found the bleeding had not returned. Touched the point whence the blood had escaped, with a hot wire.

Sunday morning, 21st. Called and found there had been no return of hemorrhage. Left him with directions to be kept very quiet, and to have nourishing food.

Monday morning, 22d. Found the hemorrhage had returned at eleven the night previous, and continued through the night.

Suspecting periodicity, I prescribed sulphate quinine in three grain doses, to be given every two hours. Called at five in the evening, and found no return of the bleeding. Distinct pulsation at the affected spot. Applied the cautery, and directed sinapisms to be applied at the feet at nine o'clock, and that he should be kept warm and very quiet.

Tuesday morning, 23d. Called and found there had been no bleeding through the night. Patient refreshed by a good night's rest, the first he had enjoyed for a week. On examining the mouth, found the pulsation very distinct, the integuments upon the part affected being lifted up at each pulsation. Quinine in same dose every three hours through the day. At six o'clock in the evening found him comfortable, and directed sinapisms as before, and gave an anodyne. Applied the cautery.

Wednesday morning, 24th. No more hemorrhage, but the pulsation still continues.

From this time there was a rapid improvement, and with the use of tonic remedies, his health was soon restored. At the time of the first appearance of the hemorrhage, there was no periodicity observed. It would occur at all times of the

twenty-four hours, and continue but a short time, and in a slight degree.

For ten days the amount was so small that he kept about his business on the farm. It was not until after he had become considerably debilitated, that the hemorrhage occurred at stated periods, and until it returned the second time at eleven P. M. I had not thought of the case as one requiring antiperiodic treatment. The patient could in no way account for the first escape of blood, and there was nothing in the subsequent history of the case, to throw any light upon the matter.

I did not consider that the cautery had much, if any influence in stopping the bleeding, for the moisture of the mouth removed the eschar very soon after the first application. After getting the system under the influence of quinine, the escape of blood ceased, although there was determination to the spot, as indicated by the pulsation. I applied the cautery more at the solicitation of the family, than from any idea that it would prove effectual. Such an application was certainly a rational one, but in spite of it, the hemorrhage had come on after it was employed, and it was not until the patient was fully under the influence of quinine, that the bleeding was permanently arrested.

Hæmoptysis Occurring Periodically.

CASE 2.—Was called in the night, about the 15th October, 1848, to visit Mrs. D——, of middle age, and the mother of several children; constitution enfeebled by previous sickness, and of a scrofulous diathesis. The family lived five miles distant, and on my arrival I found that about midnight she had an attack of bleeding from the lungs. The hemorrhage had ceased, but she was extremely exhausted; the pulse very feeble and slow; countenance pale and haggard, and the extremities cold. She complained of pain in the left side about the lower edge of the mamma. There was some cough, with difficult expectoration. Had had cough and pain in the left side for some years, attended with muco-purulent expectoration. Menstruation had occurred one week previous to this attack. Dullness on percussion, with absence of respiratory

murmur, indicated quite extensive disease of the left lung. Never had attack of bleeding before, or at least not to excite attention, as the blood had previously been mixed with the sputa.

By the employment of the proper means, she soon recovered from the condition of collapse in which I found her, and became warm. Left an infusion of serpentaria virginiana, to which was added muriate of ammonia, with a small amount of digitalis and epecac as an expectorant, with anodynes to be given as might be required. In three or four days she was able to sit up, and was soon about the house as usual.

In precisely four weeks from the time of her first attack, she had another, the symptoms being the same.

From this she gradually recovered. Anticipating a third attack after the same interval, I advised that she should be brought to the house of a friend near my own, that I might see her without delay in the event of another paroxysm. The attendants were also directed on the first approach of unfavorable symptoms, to place her feet in warm water, and to apply cloths wet in cold water to the chest and head.

As was anticipated, the symptoms of a third attack made their appearance after the expiration of four weeks as before. Instead of being in the night, as at the previous periods, she began to complain at four o'clock in the afternoon, thus anticipating about eight hours. I saw her in a few minutes, and found her complaining of a sense of fullness and pressure in the chest and head, with coldness of the hands and feet. In other words the patient had a *chill*. No hemorrhage from the lungs occurred.

Her feet were in warm water when I called, and I immediately commenced pouring cold water upon the head, while cold compresses were placed upon the chest. Five grains sul. quinine with one grain piperine, were given at once, with a little brandy and water. In a short time there was complete reaction; but without much increased arterial action. Perspiration soon commenced, and she became comfortable. I then prescribed sul. quinine in doses of five grains, combined with an aromatic, to be given every four hours, for thirty-six hours.

From this time my patient began to improve, and by observing a similar precaution at the expiration of another four weeks, she escaped entirely anything like unpleasant feelings in the chest.

From that time to the present, I am not aware that she has had any hemorrhage from the lungs, but has continued feeble, and will undoubtedly sink sooner or later from pulmonary disease. I could not decide at the time whether the fact of recurrence once in four weeks was influenced by menstruation, or by the well known law, known to obtain in miasmatic diseases, of recurring at intervals of seven days, or an even number of sevens, or weeks, being four in this instance. Whatever may be true, however, the facts as they did occur are worthy of record.

Chorea as an attendant upon Rheumatism.

CASE 1.—In June, 1858, I was called to visit a young lady æt. 17, and found her suffering from a severe attack of sub-acute rheumatism, involving the right foot and ankle. There was febrile excitement, frequent pulse, coated tongue, and great restlessness.

The remedies employed were opium and blue pill, to be followed with a laxative. Cloths wet with cold water were applied to the inflamed part. After the action of the laxative, a teaspoonful of the following mixture was directed to be given every four hours.

℞. Syr. Sarsa. Comp., ʒ ij.
Iodide Potassium, ʒ iss.

Alternated with the above were given two grains sul. quinine and six of Dover's powders. In four or five days the patient was able to sit up, and walk about the room. The local affection was nearly removed, and a rapid recovery anticipated. A slight relapse occurred, however, in about a week from the time of the first attack, when both feet became affected.

A continuance of the remedies first employed, but in increased doses, seemed to affect the local affection immediately; but there were indications of a cardiac complication. There was

pain in the region of the heart, and severe palpitation. Full doses of opium soon allayed the pain, and to quiet the action of the heart. A mixture of equal quantities of fluid extract valerian and spts. nitr. dulc. was given freely.

After recovering partially from the last mentioned train of symptoms, it was noticed as she sat in a chair, that one foot would move convulsively. In a few hours the whole lower limb became so much affected as to render walking very difficult. The next day the muscles of the same side of the face became involved, and a severe case of chorea was apprehended. Believing that these morbid appearances were the result of debility and general irritability of the system consequent upon the rheumatic attack, I prescribed the following mixture:

R. Fluid ext. valerian,	} 3j. aa.
“ “ act. racemosa	
Syr. iodide ferri,	3 ss.
Sulphate quinine,	ʒj.

To be taken in doses of a teaspoonful three times daily. The convulsive movements soon began to disappear, but continued to be apparent after she was able to walk about the city. As soon as her strength would permit, she went to Wisconsin, but continued to take the mixture in smaller doses for some time.

After an absence of two months she returned with her health restored. Not the slightest appearance of chorea has been seen up to the present time.

Case 2.—In July last, I was called to prescribe for a little girl aged eight years, and found her with some pain in the right foot and ankle, attended with considerable redness and swelling. In May or June she had rheumatism of the sternocleido-mastoideus muscle, rendering her neck inflexible for about three weeks. No other treatment was employed but such external applications as the parents made of their own suggestion. At the time I was called there was a strongly marked rheumatic diathesis, with an enfeebled constitution. The case was treated with iod. potassium and sul. quinine, in free doses, and no local applications except lotions of cold water if the heat was excessive. In about eight days the local

affection which in the mean time had involved both limbs to the knees, suddenly disappeared, and she began to complain of severe pain in the pit of the stomach, with a palpitation so severe as to render it almost impossible to breathe. It was necessary to hold her in an upright position, for it was suffocation to be down. The pulse was 120 in a minute; the extremities cold; and the face and lips livid. The bellows murmur was very distinct, and endo-carditis seemed to be undoubtedly present.

I prescribed calomel and opium with sul. quinine in doses of one-third of a grain of the two former, with one grain of the latter every four hours, alternated with valerian and chlorate potassa. In about a month the violence of the symptoms was abated; the color returned to the face and lips; the palpitation became less, and she could lie down with partial ease.

Before the violence of these symptoms was lessened, however, unequivocal signs of chorea made their appearance. The right lower extremity was in constant motion, and it was extremely difficult for her to walk. The right arm also, was so much affected that she could not carry her hand to the mouth. The muscles of the feet were in constant motion, and the tongue so much involved, that she could scarcely articulate so as to be understood. This state of things continued for two or three weeks; but gradually as the little patient improved in strength, the affected muscles became completely under the control of the will. Subsequently, however, the cardiac symptoms became more severe, and failing slowly, she died on the 24th of September, without the least return of the choreic symptoms.

I find that Prof. Wood states that among other causes, chorea may result from translated rheumatism. In *Braithwaite* for Jan., 1854, Dr. Barclay, in speaking of a case of chorea, says: "She had had no rheumatism and the heart was healthy." Dr. Babington, in part 5th of *Braithwaite*, speaks of chorea arising metastasis of rheumatism to the theca of the spinal chord. Dr. Begbie, in part 15 of the same journal, speaks of chorea in connection with rheumatism. Also Dr. Chambers, mentions chorea with co-existent heart disease. Dr. Golding Bird mentions a case which supervened upon rheumatism. Dr.

Hughes, in Guy's Hospital reports for 1845, says: "Next to fright, rheumatism may be regarded among the most common causes of chorea." Dr. R. B. Todd, in *Med. Times and Gazette* for July, 1852, speaks of a case where symptoms of chorea supervened upon rheumatic fever.

During a practice of nearly a quarter of a century, I do not recollect having seen chorea supervening upon rheumatism, until case 1st came to my notice. In the cases mentioned, the choreic appearances did not appear until the heart became affected; and it would appear that such a phenomenon would not manifest itself except in metastasis. In both cases the chorea disappeared as the patient gained in strength, and in the second did not return, when the case assumed a fatal character. Other practitioners may have observed like cases; but if so, few have reported them, and the novelty, so far as my own observation is concerned, has induced me to send the above for publication.

CASES IN OBSTETRICAL PRACTICE.

BY B. WOODWARD, M. D., GALESBURG, ILL.

Placenta Prævia and Post Partem Hemorrhage.

CASE 1st.—Sept 23rd, 1860.—This morning, as Mrs.——, near the close of her second pregnancy, was walking across her room, she was taken with a very slight pain, and a gush of blood per vaginum. Thought she had lost more than a pint of blood. Complained of pain in her head—she was not flooding when I found her—pulse 110; os not dilated. Ordered her to take 4 drops of verat. vir. every three hours till the pulse came down, which it did to 70, soon after taking the third dose; and to keep the recumbent posture. Through the day there was very slight oozing of blood, but no labor pains. The next day there was return of hemorrhage; she lost, as near as we could judge, $\frac{1}{2}$ pint of blood. Os was now dilated, so that I could just introduce the point of my finger, and found placenta presenting. There were for 5 days slight

discharges of blood, during which time I did not leave her for more than two hours at a time. The pulse was kept from rising above 70 by the occasional use of veratrum. On the morning of the 29th, about 8 o'clock, she had a severe pain; os dilating, (could feel the placenta covering the os,) and with the same pain a gush of blood and rupture of the membranes; placenta cleared itself from the left side of the os, the head of child pressed firmly down against the os; thus completely controlling the bleeding vessels. All this was with the first pain, and was the work of certainly not more than a minute. The labor went on naturally, and a few minutes before 10, A. M., she was delivered of a fine boy. The placenta was expelled naturally; and the uterus contracted firmly. I did not leave her for more than two hours, during which time she was cheerful and comfortable; had several after pains. Just before I left her I placed my hand on the abdomen, and found the uterus well contracted. In about an hour I was sent for, as she was thought to be flooding to death. I found her pale and pulseless; the abdomen as large as before delivery. Gave her immediately 3j. of pulv. ergot, and raised the foot of the bed 18 inches above the floor, taking the pillows from under her head. The os was filled with a firm clot,—with one hand I turned this out, and with the other grasped the abdomen. There was a torrent of blood poured out, but the uterus did not contract. With my hand inserted into the vagina and three fingers in the os, I formed a tampon; cold water was poured on the abdomen; but no contraction took place. My friend Dr. Herd was in the next house, and I sent for him. He made firm pressure on the abdominal aorta, and with his hand and the use of ice, endeavored to make the uterus contract, which after a few minutes it did: but only to relax again. She now took another drachm of ergot. Several times in succession the uterus would contract and then relax for the space of near an hour, when it contracted firmly and permanently. There was no portion of placenta or membranes within the os; but it seemed as if a clot had formed there prior to the first relaxation of the uterus. I did not remove my hand from the vagina till the last firm contraction, and she was safe, though

very low from the loss of blood. The point of interest in my own mind is,—what produced this peculiar condition of the uterus—was it from the veratrum which she had taken previous to her labor? If so, why did we not see its effects in arresting uterine contractions at first? The object I had in view in giving the veratrum was twofold—first from the pain in the head, and the rapidity of the pulse, I feared convulsions, as I had just passed through the case reported; and second, I thought by holding the circulation in check, to control somewhat the unavoidable hemorrhage when she came to labor.

Puerperal Convulsions.—Post Partem.

CASE 2nd —Called at 5, P. M., Sept. 16th, to see Mrs. —, a primipara. She had been delivered by a midwife at 10, A. M., the same day. I learned that before her delivery she had complained of severe head-ache and sense of heat in her head. Her husband at this time noticed that her pupils were much dilated, and that she had a wild, staring look, and called the attention of the midwife to it. She said “all was right;” but put her in a warm bath and bathed the top of her head with “Perry Davis’ Pain Killer”—better call it “Woman Killer!” During the labor she was put under the influence of chloroform. I could not learn that there was anything peculiar about the labor. The pain in the head continued after labor, and about noon the midwife gave her a teaspoonful of the “pain killer” in a little water. In about five minutes she had a convulsion. As soon as she could swallow she was made to drink warm water. She soon vomited, and had another convulsion. When I arrived she had had five, and before I had time more than to look at her, she had another. I took from her arm 24 oz. of blood; the pulse softened down, and the comatose state did not last more than ten minutes. Gave her 15 grs. of calomel, and in an hour two table-spoonfuls of castor oil. She had no more paroxysms for three hours, when she had two in rapid succession. Bowels moved slightly; repeated the oil in two hours. She now had a convulsion. Opened the vein and took 20 oz. more of blood. She nearly fainted, and in a short time had two copious dejections. She had no more convulsions, but in less than three hours from the last she became furiously

delirious, requiring to be held upon the bed. This was combatted by full doses of tr. veratrum viride and fluid extract valerian. In three hours she became calm, and slept for some hours. It was 48 hours before she became conscious even that she had been delivered, and did not recollect anything that transpired for three hours prior to the labor, though her attendants had supposed her to be perfectly rational. For several days there was much muscular soreness all over the body, and great tenderness of the abdomen, which was allayed by stupes of turpentine and laudanum. The urine was not tested for albumen.

In this case there was doubtless a strong tendency to convulsions, as evidenced by the severe and persistent headache. Had this been met at the outset by a free bleeding, there is little doubt the event would have been averted. As it was, through the ignorance and rashness of the midwife in bathing the head with, and exhibiting by the mouth, the powerful stimulant—it was hastened to a crisis. For two weeks prior to her confinement she had been daily subjected by the midwife to the use of an electro-galvanic machine, on the plea, that it would render her labor more easy. Her nervous system was strung up to the highest degree of tension, and she had been kept posted on the dangers of labor, and the untoward results which often took place. The arguments made use of to secure the valuable (?) services of the midwife, were, “that doctors were rash, and would be likely to use instruments,” and that “it was very indecent for a young woman to have a man in attendance upon her.”

Retroversion of Uterus.

CASE 3rd.—Called near midnight, Sept. 1st, to see Mrs. McC.—, Irish, mother of two children. Is now as she thinks in the tenth week of gestation. Two days previously, while hard at work, she “felt something wrong in her belly, and could not make water.” Not knowing what was the matter, she commenced drinking herb tea, which she continued till the time of my visit. I found her screaming with pain—abdomen as large as at term—the bladder rising above umbilicus.

Vaginal Examination.—Found the vagina filled with a large tumor, and presenting beyond the vulva. Convinced that this was the retroverted womb, I tried first to introduce a catheter to relieve the bladder, but though the meatus was entered, the pressure on the urethra was so great that it was only by introducing my finger as high as possible, and endeavoring to press the womb back, that after long efforts I succeeded, and brought away six quarts of water by measure, to her infinite relief. Though I could now insert my finger high up, I could not reach the cervix or os. Putting her in position, I introduced two fingers of the left hand into the rectum, and lifting the womb, while I made steady pressure with my right hand; after some time succeeded in raising the womb as high as the sacral promontory, and the vagina being very capacious, passed up my whole hand till the uterus was fully replaced. In a few minutes she had a fine movement of the bowels. Ordered her to keep her bed for a day or two, and left her. She soon felt as well as ever.

A CASE OF MENINGIAL APOPLEXY ;

POST-MORTEM APPEARANCES.

Reported by Dr. HENRY LYSTER, Brooklyn, Michigan.

At Springville, Lenewee Co., Mich., Oct. 23rd, at 4 P. M., 1860. Mr. F. Greenall, aged about forty years, a native of England, a robust looking farmer, six feet high, and weighing about one hundred and seventy pounds, was seen to fall immediately after having received one or two severe blows, from the fist of another strong man. The ground was apparently even in this place where the occurrence happened. After falling he was seen from a distance of two or three rods to move only once, and that was in the act of passing his hands over his face. For twenty minutes, the time he remained out upon the ground, he was noticed occasionally from a distance, but was not seen to move. He was then taken into a house by a couple of men, and placed on a chair. Finding

that he could not sit up, they laid him on the floor, with a stick of wood, covered by a robe, under his head, and he remained in that position for twenty-four hours. During all this time he did not speak, and appeared to be entirely insensible. Occasionally various methods were adopted to rouse him during the day, but all without the least effect. The people in the house said they supposed that his condition was chiefly owing to having taken too much spiritous liquor; though most of the facts in the case were well known to them. The testimony before the coroner's jury, showed that only three or four glasses of beer had been taken by Mr. Greenall, and those just previous to the affray.

Twenty-four hours after the reception of the injuries, a physician was summoned. The pulse was found to beat forty per minute, the respiration was ten or twelve, pupils slightly contracted, complete anesthesia, with a decided perceptible difference between the temperature of the right and left side; the right being the coldest, though the legs were both cold. The head was not cold, and the cheeks puffed and collapsed, as the air was inspired or expired from the lungs. Stimulants were immediately resorted to externally, with effect; those given by the mouth, not being swallowed but choking the patient. The pulse in the course of three hours, arose to one hundred and twenty, when he was bled to the amount of lbj. from a large vein; the blood being very dark, and flowing slowly. In the course of a few minutes the pulse came down to eighty-five, and the body became warmer, and covered by a moist adherent perspiration; but heat could not be imparted to the right side from the neck to the foot. The pulse soon arose to one hundred and fifty, weak, soft and fluttering. The sphincter was relaxed while in this insensible state and fœces were passed. He continued in this condition, the respiration becoming more and more labored, until death; which occurred twelve hours after he was seen by the physician, and thirty-six hours after the injury.

The post-mortem examination was made twelve hours after death, by Dr. Sherwood, the attending physician, Dr. Crowell, and myself.

From the testimony given before the jury, a blow was supposed to have been given in the epigastric region, and another about the angle of the lower jaw. We therefore commenced the investigation by laying back the abdominal parietes. No traces of inflammation or other morbid changes were discovered; all the viscera appearing normal; the bladder filled; the intestines were somewhat distended with gas and very pale; the stomach containing a very little gas, not sufficient to inflate it; together with a few drops of a dark greenish looking fluid, which appeared to be blood acted upon by the gastric juice. The liver was healthy; and the gall bladder appeared full. Upon laying back the sternum, and cutting through the pericardium, two or three ounces of serous fluid escaped. The heart appeared normal, though the *columnæ carneæ* were more than usually developed, in both ventricles. The smooth pleural surface of the lungs seemed to have been entirely obliterated by a previous inflammation, in which adhesions were formed from the apex to the lower part of the lower lobes. So numerous and firm were they, that considerable difficulty was experienced in detaching them. The lobes were all united to each other at their edges; and though the intra-lobar surfaces preserved their characteristic nature, all gliding movement was entirely prevented. The lung tissue appeared healthy, with the exception of the lower portion of the lower lobes of both sides, which were congested, and only partially permeable to air, and were easily broken down.

We next proceed to the brain, which, from the pathology of the case, we expected would reveal the immediate cause of the fatal result; and it would have received earlier attention had it not been necessary from the evidence submitted, to make a thorough examination of the region of the stomach.

Upon removing the calvarium, extravasated blood coagulated into a firm dark clot, was found between the skull and the dura mater, anterior, superior, and lateral, to the anterior half of the right hemisphere of the brain. The extravasated blood had pressed, in almost an antero-posterior line, the dura mater, (viewing it superiorly), from the center of the right anterior fossa of the frontal bone, to the lambdoidal suture on the same

side. On the base of the skull the dura mater was separated from its adhesions to the temporal bone, as far as the foramen spinosum. The clot of extravasated blood was now scraped off from the membrane, and was found to weigh *one pound eight and a half ounces* (avoirdupois). A stellated fracture, situated at about the middle of the squamous portion of the temporal bone, was now discovered. None of the bone was detached or depressed. From the point of fracture radiated six separate fractures: one extending to the foramen spinosum, two inches in length; probably rupturing the middle meningeal artery, as it left the foramen. Another fracture, about one inch and one-half in length, down the curved sinus in the squamous portion of the temporal bone. Another, extending anteriorly toward the frontal, and then superiorly into the parietal bone, was about four and one-half inches in length. Another, two and one-half inches in length, extended directly to the parietal bone. Two others, about one-third of an inch in length, extended the one posteriorly, and the other inferiorly. The longest fracture, pursuing a circuitous route from the lower anterior portion of the parietal bone, though the point of contact to the foramen spinosum was about six inches and one-half in length. The point of rupture in the blood vessels from the condition of the parts, was unfortunately not detected; but from the position of the extravasated blood upon the base of the skull, and from the fracture extending to the foramen spinosum, it was our opinion that the middle meningeal artery had been ruptured. The weight of the extravasated blood was equal to half the average weight of the adult brain in the male; but in this instance the brain must have been several ounces above the average, as the skull seemed quite large. The right hemisphere must have been pressed and crowded into one-half its bulk, not estimating the lateral displacement caused by the pressure indirectly extending to the other hemisphere. The lateral ventricle of the compressed side was filled with serum, mingled with blood in a fluid state; that upon the left side was partially filled with the same fluid, less highly colored with blood. The other ventricles were not examined. The brain substance did not seem abnormal in appearance, or at all congested or infiltrated with blood.

In the case here as concisely described as I was able, considering the number of facts necessary to relate in order to give a clear and full impression of its character, the unusual amount of blood extravasated upon the dura mater, the great displacement of the anterior half of the right hemisphere, (which I think may be truly said, was pressed posteriorly and laterally into the rest of the brain substance;) and the great length of time, considering these two circumstances, after sustaining the injury till the fatal result, render it one possessing no little interest. From the history of the case, it would be supposed that there was at first great concussion of the brain before the extravasation had become sufficient to induce much pressure. Had this not been the case, would not the apoplectic symptoms have come on more slowly?

The chief point of interest in the case seems to be the amount of exhaustion. Sir Astley Cooper, in his lecture on Compression of the Brain, says: "In the specimen on the table before us, *three ounces, the largest quantity I have seen, was effused under the dura mater.*" Dr. Abercrombie gives, as a large quantity, (in the cases which he has brought in, to illustrate his work upon Diseases of the Brain,) four and five ounces. M. Chevalier took three or four ounces from under the dura mater beneath the fentanelle, from a child eighteen months old. Abernethy relates a case in which eight or nine ounces were abstracted from beneath the dura mater in an adult. Among the few authors cited, these being the only ones that I have the privilege of consulting at the present time, I find no instance mentioned where the quantity extravasated exceeded nine ounces. These were, however, all *under* the dura mater; no exact quantity being given in those cases when it was *upon* the dura mater. The great displacement and necessary pressure caused by a foreign body, as it were, occupying nearly one-fourth of the cranial vault, would seem sufficient to cause a more suddenly fatal issue than in reality took place; although we admit that the direct pressure of the clot was not made upon any tract of brain substance giving origin to nerves necessary to vital action.

Two interesting queries have arisen in regard to this point, viz.: Was the apoplexy due to a concussion of the brain, un-

til the pulse, (twenty-eight hours after the injury), began to raise; and was the amount of extravasation small until this period and then increased in another? Or was the blood extravasated to the amount discovered at the time of or immediately after sustaining the fracture?

INVERSION OF THE UTERUS.

Case reported to the Chicago Medical Society,

BY IRA HATCH, M. D.

(Published by Request.)

Mrs. L. H——, of Downer's Grove, Dupage Co., was taken in labor with her second child Sept. 16th, 1860. Dr. Brown, of Danby Station, a physician of intelligence and experience, was in attendance. He says that the labor progressed slowly but favorably. The presentation was natural, and everything promised a favorable termination; although the pains were short and light, and the contractions of the uterus were feeble, still owing to the relaxed condition of the parts, the head of the child continued to advance. During an examination, the membranes were ruptured, and immediately a strong and continued pain came on which expelled the child with great force. Considerable hemorrhage flowed, and some time elapsed before any contraction of the uterus took place. Frictions to the abdomen, and the usual means for exciting contraction were resorted to, but no efforts were made, such as pulling at the cord to remove the placenta. While the Doctor was quietly waiting, suddenly, without the least warning the patient was seized with a violent throe, and instantly almost the uterus with the placenta attached to the fundus was expelled, being completely inverted. This was succeeded by profuse flooding and fainting fits rapidly following each other. The Doctor quickly detached the placenta and deposited the uterus in the vagina, after which the flowing in a great measure ceased. Great exhaustion continued for several hours. This precluded all efforts at re-inversion at this time. She

rallied slowly under the use of opium and stimulants, and continued to gain strength until the 18th, three days after the accident, when I saw her.

I found her pale and feeble, with a frequent pulse, but quiet, comfortable and cheerful. There was no pain or hemorrhage, and it was thought that she would bear the operation of replacing the uterus. On examination I found it occupying the entire vagina, the fundus presenting just within the vulva. It seemed to have no disposition to descend any lower after it was placed there. By following with the finger the *cul de sac* formed by the union of the vagina and uterus, I could trace the neck entirely around. Not a trace of the os tinæ could be found, showing most conclusively that the inversion was complete. The surface where the placenta had been attached was rough, and had a feeling similar to the corresponding portion of the placenta, and was not very sensitive. But the remaining portion of the surface was smooth and very sensitive, particularly around the neck. There was a slight depression at the center of the fundus which may be taken as a diagnostic mark of an inverted uterus. This depression could be easily increased by pressing, giving a cup-like form to the fundus. Pressure at this point seemed to be borne well; and did not seem to excite the organ; while manipulation about the neck, or pressing upon the body, the neck would excite pain and bearing down. It was therefore agreed to attempt the reduction by unfolding the fundus and pushing its center up through the neck, and not by attempting to unfold from the neck. It gave great pain when the organ was grasped and pressed upwards, but far less when the fundus was indented and carried upwards. No attempt was made at this time to reduce the organ, as we were satisfied that it could not be done without the aid of some suitable instrument. For the os and neck were pretty well contracted by this time, and for the want of an instrument it was postponed till the next day, four days after the accident happened. As the patient was gaining strength every day we felt in no hurry. The instrument selected was a rectal bougie about an inch in diameter and twelve inches in length, sufficiently flexible to give the point

the right direction. The body of the womb was as large as the largest sized orange, and very firm and unyielding except at the center of the fundus.

It was resolved to push this up in the shape of a cone, and thus dilate the neck gradually, imitating the action of the membranes in natural labor.

It was resolved to persevere according to this plan alone until success was attained, providing the strength of the patient held out. She was placed upon her back with her hips elevated, and brought partially under the influence of chloroform.

The hand being introduced, firm pressure was made upon the center of the fundus with the ball of the thumb, until a cup-like depression was made, sufficient to hold the tube without slipping. The instrument was then passed up by the left hand, and the end was placed in the depression made by the thumb; and being grasped by the fingers, upward pressure was made simultaneously with the tube and the hand. It required a long time to dilate the neck sufficiently to let the tube and the tips of the fingers through the os uteri. As soon as this was accomplished, the tube was withdrawn and the hand was carried up boldly, until the organ was completely unfolded and contracted strongly around the hand.

The reduction being effected, a vulcanized caoutchouc bag was placed in the vagina, and distended, in order to prevent a return of the malady.

During the operation the patient lost but little blood, and although it was tedious and painful, she bore it with great fortitude, and was less exhausted than might have been expected. The after-pains were somewhat severe, but were soon quieted by anodynes, and she was as comfortable the next morning as she was before the operation. I saw her four days afterward, when she seemed to be improving without any unfavorable symptoms.

Nothing except the continued frequency of the pulse and the offensiveness of the lochia, excited the least apprehension of danger; and these were not so marked in their character as to excite alarm.

She bore her anodynes and tonics well. The stomach and bowels were quiet. She had some appetite for food, and was neither restless, feverish, or irritable. Her pulse was frequent, but as it was soft and regular, the frequency was attributed to the debility consequent upon the loss of blood. The secretion of milk had taken place, and she was able to take her child upon the arm and nourish it without any assistance. There was no peritoneal inflammation, and no fullness or tenderness of the abdomen. The uterus could be felt above the pubes and bore firm pressure without pain. There was no more tenderness of the parts than is usual after natural labor. She continued to improve until the 28th, when a dose of castor oil was given, as the bowels had not moved for five days. It operated actively; a diarrhœa set in, followed by vomiting. She sunk from exhaustion, and died October 1st, sixteen days after her confinement. She was considered convalescent by physician and friends, until the fatal diarrhœa set in. Whether the diarrhœa was the effect of the cathartic, or of some other latent cause, is not easy to determine. That her death was not occasioned by the reduction of the uterus, although the operation was difficult and painful, is evident from the whole history of the case.

This case assumes considerable importance from the fact that it furnishes another instance of *spontaneous inversion*. That it was not occasioned by pulling at the cord to deliver the placenta, we have the positive assertions of Dr. Brown, the attending physician, in whose skill, candor and truthfulness I have the utmost confidence. Much credit is due to him for the prompt manner in which he treated the case, as well as success of the operation of reinversion.

As it is a mooted point whether inversion of the uterus ever takes place spontaneously, no pains were spared in the investigation of the case. The bystanders were questioned on the subject. The mother and aunt of the young lady stood by the bed side at the time. They informed me that she lay perfectly quiet and free from pain. They were talking and laughing as usual on such occasions. Now, every experienced physician knows that pulling upon the cord while the placenta is adher-

ent, will occasion pain. But in this case the first warning was a loud cry from the patient, accompanied by a violent expulsive effort, and all was over. She had fainted. The doctor called for a light and found the uterus completely inverted with the placenta adhering to the fundus, lying between the thighs.

The *rapid termination* of the labor ; the *relaxation* of the parts, and the attachment of the placenta to the *fundus*, were the predisposing causes of the inversion.

CORONER'S INVESTIGATION,—SUSPECTED POISONING.

CASE OF MARY E. ROSELL, OF BINGHAMTON, N. Y.

We copy the following from a reliable report in the Binghamton *Democrat*. The facts are worthy of record in several aspects. First, they show that the bi-chloride of mercury can be detected some time after death in the structures of the stomach and intestines, when no trace of it can be found in the contents of those organs. Second, they render it probable that the bi-chloride of mercury may be given in small and frequently repeated doses in a diluted state, and impregnate the tissues of the abdominal viscera sufficiently to preserve them from decomposition for a long time after death, and yet without leaving any traces of corrosive action on the mucous membrane. Third, they show to what absurdities the Homœopathic principle of “*similia similibus curanter*” will lead its votaries.

The two last physicians sworn, Brown and Hand, are well known Homœopathists. The one had regarded the deceased as having had “nursing sore mouth,” and the other as having had “inflammation of the mucous membrane of all the cavities.” Hence, both agreed that the disease consisted in an extremely tender and inflamed condition of the mouth, stomach, and intestines ; and yet on the principle that, *like cures like*, both prescribed the most irritating preparations of mercury,

that are known to the profession, namely, the Iodide and the Bi-chloride or *Corrosive Sublimate*. The latter being given during the last two days of the patient's life. True Dr. Hand testifies that he "intended to administer about the four hundredth part of a grain at a dose." The post-mortem, however, shows that enough was given to impregnate all the tissues of the stomach and intestines. We have known a case in this city in which a prominent Homœopathic practitioner gave to a child a solution of Corosive Sublimate every day for more than a week, for the cure of dysentery complicated with ague; and another case in which another Homœopathist gave a solution of *arsenic*, to a delicate nursing infant with cholera infantum. Yet these are the class of doctors, of whom the community say "they certainly wont do any harm if they dont do any good":

Coroner Brigham, in accordance with the urgent request of many relatives of Mrs. Rosell, caused her remains to be exhumed on the 12th day of July last, and empanneled the following named jurors—Dr. E. G. Crafts, Dr. P. Brooks, W. A. Cole, A. G. Avery, Charles N. Fancher, Levi S. Hodge, and H. B. Ogden. The jury having inspected the body, reported to the Coroner their inability to determine the cause of death, and requested a *post-mortem* examination to be instituted. In conformity with this recommendation the Coroner employed and directed Dr. J. G. Orton to make the necessary *post-mortem* examination, and the jury were released subject to the call of the Coroner. On the 12th ult., the jury were summoned at the office of Dr. E. G. Crafts to take cognizance of the following testimony.

Dr. J. G. Orton, being duly sworn, deposes and says, that he resides in Binghamton, N. Y.; that he is a regular practitioner of medicine and practical chemist in that place; the deponent further says, that he was requested by E. W. Brigham, Coroner for the County of Broome, to make a *post-mortem* examination of the body of Mrs. Mary E. Rosell, on the 12th day of July last, between the hours of 9 and 12 o'clock A. M.; in accordance with his request, the Coroner employed Drs. E. G. Crafts and P. Brooks, as assistants in the *post-mortem* examination. The deponent further says: in consequence of the extensive general decomposition of the muscular tissue of the limbs (42 days having elapsed since death took place) it was impossible to determine whether *rigor mortis* had existed or not; the skull having been removed at its upper part,

exhibited the brain in a complete state of decomposition ; no traces of disease nor its absence could be discovered ; the thorax being opened presented the lungs and heart both in a fair state of preservation, the former of a dark slate color, mottled in patches in its external surface ; the substance of the lungs upon after examination, exhibited all of the characteristic signs of healthy condition, being of a light, porous, spongy texture, floated in water, crepitated when handled, and were elastic ; there were no evidence of organic disease whatever ; the heart was found in its normal position, and in size measured $4\frac{1}{2}$ inches in length, $3\frac{1}{2}$ in the broadest part of its transverse diameter, and $2\frac{1}{2}$ inches in its antero-posterior ; it weighed nearly nine ounces. Upon laying open the four cavities of the heart, the walls were found slightly thinner than natural, but nothing remarkably so ; its structures was well preserved even to the *chordæ tendenæ* and *columnæ carnæ* ; the right or anterior ventricle was normal in capacity ; the tricuspid valve, guarding the auriculo ventricular orifice, and the semi-lunar valves, that of the opening of the pulmonary artery, were entirely free from disease or evidences of former difficulty ; the right auricle was in every respect normal in all of its parts ; the left auricle was likewise in appearance ; the left ventricle with its aureculo ventricular and aortic openings, guarded by the mitral and semi-lunar valves, exhibited no traces whatever of recent or remote disease ; there were no pleural adhesions ; the abdomen being laid open, exhibited the various viscera in a remarkable state of preservation ; the peritoneum was characterized by its healthy appearance with no signs of recent inflammation ; it was firmly connected with various portions of the abdomen by adhesions, evidently of long standing and not referable to any recent inflammation ; these abnormal attatchments were principally confined to the right and left lumbar regions, but extended up to the umbilical ; its reflections or folds forming the greater and lesser omentum were not characterized by any peculiarities worthy of note, except that of normal proportions ; the same is also true of the mesentery. The stomach and intestines with their contents, the lungs, heart, liver, womb, kidneys and bladder, after examination, with no apparent signs of disease, were placed in two new and carefully cleaned jars, covered and sealed with four seals, in the presence of the jury, and conveyed by the Coroner to my private laboratory, at my residence, corner of Henry and Canal streets, and placed under lock and seal, with a written direction from the Coroner to institute a thorough chemical analysis of the various parts, and to determine as medico legal evidence the presence or absence of poison.

The deponent further says: in accordance with the direction of the Coroner, I proceeded to examine the various parts of the body entrusted to my care; I found the liver of a redish brown color, mottled with spots of blue; it measured ten inches in breadth, six in length, two and a half in thickness, and weighed $2\frac{1}{2}$ lbs. Upon carefully removing a portion of the peritoneal or outer covering of the organ, an innumerable number of minute granules were found adhering to the inner or proper tunic; these granules were white and of considerable hardness, so much so as to give a gritty feel when the scalpel was scraped over them; they were found in almost every part of the parenchymatous structure of the liver, wherever this membrane sends its processes; the hepatic duct was completely lined with them; examined under the microscope, they exhibited their true chrystalline character, namely, rhomboidal tables or plates, some of the angles were truncated; these granules were insoluble in cold water, but soluble in hot alcohol and ether, assumed a blood red color from the action of sulphuric acid; chemically examined, they proved to consist for the most part of cholesterine, fat globules and hippuric acid; the latter was soluble in cold alcohol, and deposited on evaporation beautiful crystals, some possessing a dendritic and plumose outline, while others were arranged like zeolites; minute needles mixed with four sided prisms acuminate at their ends were formed from a hot water solution; the kidneys, womb and bladder, were found in a healthy condition; the stomach was completely divided through its transverse diameter, and its contents consisting of a thick pasty substance of a bluish gray color, carefully removed for examination; the four coats of the stomach, namely, the serous or outer coat, the muscular cellular and mucous or inner coat, were perfectly preserved even to the minutest vessels and nerves; with the exception of a small portion of the mucous membrane at the lesser curvature of the organ, it was here of a darker hue, and separated upon scraping with the knife. The contents of the bowels were exceedingly slight, and found for the most part in the larger intestines; the coats of the intestines were also entirely preserved, not the slightest indications of decomposition were to be found upon close inspection.

(Dr. Orton here read to the Jury a complete history of the elaborate chemical analysis which he had made of the various portions of the body entrusted in his care, extending through a period of nearly three months, and the final results of the investigation were reported in the following concluding deposition.)

I found no traces whatever of the presence of mineral poison either in the fluid or solid contents of the stomach and bowels ; I detected in every portion of the tissues of the stomach and intestines, the positive presence of the *bi chloride of mercury or corrosive sublimate*, and in quantity sufficient to account in my opinion for the remarkable state of preservation in which those parts of the body were found at the date of the post-mortem examination.

In concluding my report to this jury, I would call their attention to the following points for their special consideration.

1st. That this investigation has failed to establish as a cause of death, the presence of any organic disease of the important organs of the body.

2d. That the abnormal condition of the liver was of a peculiar nature, and undoubtedly indicative of derangement of the portal circulation, and the presence of these innumerable granules of cholesterine and hippuric acid beneath the peritoneal covering of the organ, and being the hepatic ducts, significant of the commencement at least, of that unfavorable diathesis, namely, a tendency to the formation of gall-stones.

3d. That mercurry in the form of corrosive sublimate has been found in every portion of the tissues of the stomach and intestines. This important fact will require at your hands the closest investigation. The absence of any signs of corrosion or ulceration in the stomach or intestines would indicate that it had been administered either in small and repeated doses or largely diluted. You will ascertain by the examination of the physicians who attended upon the diseased, whether corrosive sublimate or mercury in any form was administered as a medicine during her last illness, and also by the same witnesses and others, whether there were any symptoms manifested during her sickness or at the time of death which simulated poisoning by corrosive sublimate.

Dr. P. B. Brooks, being sworn, testified that he attended professionally upon Mrs. Rosell for a short time during the month of March last. Diagnosis, nursing sore mouth ; administered quinine, decoction of peruvian bark, decoct. goldthread, sulphate of cinchonæ, chlorate of potash and borate of soda ; no mercurials were given.

Mrs. L. Johnson, sworn, testified that she gave medicine sometimes, and had prescribed for the diseased several times since the 1st of January last, until about a week before she died ; considered her condition due to ill treatment during her late confinement ; gave her a decoction of various roots, and a wash for her mouth.

Dr. Lodowick Hanes, being sworn, testified that he had seen Mrs. Rosell only once professionally on the third of May last; the symptoms then exhibited, manifested those of *aphthæ*; administered opium with magnesia, and ordered mucilaginous drinks; during that visit a brother of the deceased having suggested the possibility of some poison having been administered to her; the deponent remarked that some of the symptoms did simulate the action of mineral poison.

Dr. T. L. Brown, deposed, that he had attended upon Mrs. Rosell sometime previous to her death. Diagnosis, nursing sore mouth; ordered sulphate of lime 3d trituration; continued this for three or four days, and then changed it for the iodide of mercury, 3d trituration, which was also continued three or four days; does not think death could have ensued if the whole amount administered had been taken at a single dose.

Dr. S. D. Hand, being sworn, testified that he was called to attend upon the deceased two days previous to her death. Diagnosis, inflammation of the mucous surfaces of all the cavities. Symptoms, pulse irritable, pain in the ears, intense thirst, soreness of the abdomen, a burning sensation in the stomach and bowels, at intervals a strong action of the heart, diarrhœa, occasionally alternating with vomiting, intervals of extreme prostration, and great palor of countenance; thought the disease might have been simple *aphthæ*, aggravated by injudicious or neglect of treatment; prescribed a solution of corrosive sublimate once in three hours in connection with some pellets of arsenicum; could not testify as to the strength of the solution of corrosive sublimate employed, but intended to administer about the four-hundredth part of a grain each dose.

VERDICT.

State of New York, } ss.
BROOME COUNTY. }

An inquisition indented and taken for the people of the State of New York, at the office of Dr. E. G. Crafts, in the town of Binghamton, in said County of Broome, commencing on the 12th day of July last, and which has adjourned to this date, Oct. 15th, 1860, before me, Elmer W. Brigham, one of the coroners in and for said county, upon the view of the body of Mary E. Rosell, upon the oaths of Edwin D. Crafts, Peletiah Brooks, Charles N. Fancher, A. G. Avery, Levi S. Hodge, Walker A. Cole, and H. B. Ogden, good and lawful men of the said county, who being duly sworn to inquire on the part of the people of the State of New York, into all the circumstances attending the cause of the death of the said

Mary Rosell, and in what manner, and when and where the said person came to her death, do say upon their oaths aforesaid, that the said Mary Rosell came to her death on the 31st day of May last, from a cause to them unknown.

In witness thereof, as well the said Coroner as the jury aforesaid, have to this inquisition set their hands and seals this 15th day of October, 1860.

E. W. BRIGHAM, Coroner,
E. G. CRAFTS, Foreman,
P. BROOKS,
HENRY B. OGDEN,

C. N. FANCHER,
WALKER A. COLE,
ALBERT G. AVERY,
LEVI S. HODGE.

CORRESPONDENCE—DIPHTHERIA.

Prof. N. S. DAVIS:

Diphtheria is just at this time very prevalent in De Witt County, and in some portions of the county it has proved very fatal, especially in the neighborhoods of Marion and Mt. Pleasant. We have also had several deaths from this disease in Clinton and vicinity.

The best treatment, so far as my knowledge extends, is the internal administration of chlorate of potassa, quinine, mur. tinct. iron; and I have frequently given the syr. of the iodide of iron with good effect. As a local application to the fauces I give the preference to the tr. ferri. mur. in its full strength; and occasional gargles of brandy, as also of an infusion of capsicum and common salt—a tablespoonfull of each to half a pint of hot water, to this when strained, is added half a pint of hot vinegar.

Owing to the great tendency to prostration in this disease, I have never given emetics of tart. ant. ct. pot., neither have I given calomel, either in alterative doses or as a purge. On the contrary, I pursue the supporting treatment altogether. In the tonic treatment above mentioned I direct my patients to have freely of beef broth, as also brandy or good porter, according to the virulence of the disease, and the age of the patient. When necessary to move the bowels, I prefer mild doses of castor oil, or the seidsnitz mixture. With this treatment

I have had tolerable good success, having lost but few patients in proportion to the number treated.

I should be pleased to read an article on the treatment of the disease, under consideration, from the senior editor of the *Examiner*.

Very truly, yours,

CHRISTOPHER GOODBRAKE.

As everything in relation to the treatment of this very troublesome disease is of interest to our readers, at the present time, we copy the following from the proceedings of a recent meeting of the New York Medico Chirurgical College, as reported in the *World*.—(EDITOR OF EXAMINER.)

On thursday evening a meeting of this Medical Society was held, at which Dr. Dewees presided. A very curious specimen of diphtheritic membrane was exhibited by Dr. Sayre, which was expelled from the throat of one of his infant patients about four hours previous to the meeting. The child had been kept four or five days in a room filled with the vapor of water, and heated permanently to the temperature of 85° F. By this means, the membrane, which would otherwise have hardened, and inevitably have suffocated the patient, was kept soft, and any new membraneous material formed in the air passages was dissolved, and thrown off by expectoration. At length, the disease having run its course, the layer of this material which had been first deposited within the windpipe, was loosened and got rid of by the violent explosive coughing of the patient. The membrane exhibited formed a beautiful and perfect cast of the interior of the trachea, and the patient having been delivered from this foreign substance, was out of danger. Dr. Sayre mentioned several cases in which he had been similarly successful by this mode of treatment, which consisted of two things: First, the atmosphere of the room was kept saturated, loaded with moisture, as this was the best, perhaps the only efficient means of dissolving the diphtheritic membrane and preventing it closing the air-tubes. Secondly, the strength of the patient was sustained until the violence of the disease had been spent. For this purpose, brandy and other suitable stimulants were given.

PROCEEDINGS OF THE DE WITT COUNTY MEDICAL SOCIETY.

Reported by CHRISTOPHER GOODBRAKE, M.D., Secretary.

The Society met in Semi-Annual Session, at the Office of Drs. Wright & Davis, in Wappella, on Tuesday, the 2nd day of October, 1860. Dr. John Wright in the Chair.

The Minutes of the previous Meeting were read and approved.

Dr. Thomas W. Davis, who had previously passed the Board of Censors, was, on motion of Dr. Goodbrake, elected a member of the Society.

Dr. Wright reported a case of wounded knee joint. The patient, a man about 45 years of age, had received a small wound with a knife, such as is used for cutting up corn, immediately below the patella, on the inner side of the knee. The joint swelled very rapidly and became extremely painful. It was heated with warm fomentations to the knee, and quinine, opium and calomel administered internally. The case was progressing very favorably.

Dr. Davis reported three cases of typhoid fever that came under his notice, which presented some singular features. The patients, in the three cases, had all the usual symptoms of this disease; such as head-ache, lassitude, want of appetite, tongue coated with a whitish fur very narrowly edged with red, bowels more or less tender with a disposition to diarrhœa; pulse from 95 to 110 per minute. These symptoms lasted from two to three weeks; the patients all this time being able to go about the house; and what was singular they became as much emaciated during the period of their sickness as others whom the doctor attended at the same time, and who became very low, so much so, as not to be able to turn themselves in the bed. The doctor's treatment consisted in tonics, animal broths, with opium and nitrate of silver— $\frac{1}{4}$ grain of each every six hours—when considered necessary.

Dr. Goodbrake reported two cases of puerperal convulsions; both were primipara cases. The first was that of a woman about 30 years of age; the convulsions set in about the time

the os tincae began to dilate. She was bled freely; chloroform was administered to control, as far as possible, the convulsions. She was delivered, by the aid of the forceps, of a living child, nine hours after the accession of the first convulsion. The woman died 24 hours after the delivery, in a comatose condition.

The second case was that of a Mrs. J——, aged 17 years, of a small stature, short neck, florid countenance, sanguine temperment. This patient was *not bled*, but chloroform was administered to control the convulsions; unguentum belladonna was applied very freely to the mouth of the womb; she was delivered by the aid of instruments, six hours from the time she had her first convulsion, of a dead child. The patient made a good recovery. The doctor gave it as his experience that a large percentage of puerperal convulsions occurred in primipara cases; also that they took place about the time when the os tincae commenced dilating, which was usually found rigid and unyielding; and was of the opinion, that in such cases the early and free application of the belladonna ointment might prevent these frightful convulsions. He said that he believed he was warranted in saying, that in several cases where this horrible disease was threatening, he averted it by this treatment.

Cholera infantum, the regular subject for discussion, was then taken up; when most of the gentlemen present expressed their views on the pathology and treatment of the disease.

Drs. W. W. Adams and T. K. Edmiston, were appointed Essayists.

On motion, the thanks of the Society were tendered to Drs. Wright and Davis, and their ladies, for the sumptuous dinner served up for the members at this session.

Typhoid Fever was chosen as the regular subject for discussion at the next meeting.

The Society then adjourned to meet in Quarterly Session, at Marion, on the first Tuesday of January, 1861.

CHICAGO MEDICAL SOCIETY.

The regular monthly meeting of this society was held Nov. 16th, the President, Dr. Orrin Smith, in the chair.

After the usual preliminary business, Dr. Ira Hatch read the report of a case of spontaneous inversion of the uterus, and its subsequent history. The report, in full, will be found in the present number of the *Examiner*. An interesting discussion followed, in reference to the efficient cause of uterine inversion, during which Dr. Wickersham called the attention of the society to a statistical article in the October number of the *American Journal of Medical Sciences*, by Dr. Charles A. Lee. He stated that some of the cases quoted by Dr. Lee, were either quoted erroneously or purposely garbled; and that the conclusions drawn were still more erroneous. All these mis-statements and errors very singularly tended to magnify the importance of *traction on the cord*, as the cause of inversion. In view of the importance of the subject, and the direct bearing of such statistics on the reputation of the physician, in whose hands a case of inversion might occur, the society appointed a committee consisting of Drs. Orrin Smith, Ira Hatch, and W. H. Byford, to critically examine the article of Dr. Lee, and expose whatever important errors might be found therein.

The special topic selected for discussion at this meeting was *Scrofula*. The subject was discussed at considerable length by Drs. Waite, Bevan and Hatch. Dr. Waite, among other remedies, recommended the *Stillingia* as the best vegetable alterative we possess for the treatment of scrofulous diseases. Dr. Bevan raised the question whether there was any necessary connection between syphilis and scrofula, and adduced some facts that would countenance such connection; but not sufficient to demonstrate its actual existence. Dr. Hatch strongly recommended quinine in the treatment of scrofulous ophthalmia. The latter disease was selected as the subject for discussion at the next meeting. Dr. N. S. Davis was appointed to read an essay.

The Society then adjourned.

CLINICAL REPORTS.

MERCY HOSPITAL.

Service of Prof. N. S. DAVIS, M. D., Prof. of Practical Medicine and of Clinical Medicine.

(Collated by FRANK W. REILLY, Senior Class Med. Depart. Lind University.)

*Hypertrophy with Dilatation of the Left Auricle—Result:
Thickening of Mitral Valve, Œdema and Pulmonary
Congestion.*

The patient, a German Catholic clergyman, *ætat* about 35, was admitted into the Hospital on the 19th November, from one of the interior towns of the State. Appearances before the class—anæmic; complexion sallow, bloodless; countenance anxious; pulse full, strong, irregular and intermittent; inferior extremities œdematous. About two years since had a severe attack of fever (probably typhoid, from description), to which he refers his present condition.

Prefacing with a brief review of the pathology of hypertrophy, its causes, conditions and effects, the lecturer proceeded to remind the class of the physiology and anatomy of the heart, to which, in this case, attention was specially attracted by the general symptoms and appearances:

As you are aware, gentlemen, the lining membrane of the heart—the *endocardium*—enters into the composition of the cardiac valves and orifices, and, like the pericardium, consists of two layers, an external, fibrous, and an internal, serous, one. Now the result of an infiltration, supervening upon an inflammatory attack of whatever nature, might be a deposit in the texture of the valves, which deposit becoming organized, would occasion a thickening; the patient recovers from his inflammatory attack, his acute rheumatism, or fever, and to all appearances is perfectly well. But, gentlemen, should the deposit fail to be absorbed, and the valve or orifice continue thus impeded by a surplus of matter, fibrous or osseous, what is the consequence? Why, in two, four or six months your patient begins to notice a difficulty in his breathing; he is less able to undergo active physical exertion, running up a flight of stairs “puts him out of breath,” as the saying is; the urinary secretion diminishes, there is an excess of phosphatic and lithic

acid salts, the quality of the blood is impaired, derangement of the digestion, loss of strength, œdema and general enfeeblement are the results. Now it is necessary to know—not less essential to your own success as practitioners, than to the welfare of your patients—that cardiac disease, either temporary or permanent, is the not uncommon termination of a large proportion of, more especially acute rheumatic attacks. And it is necessary to remember this, not because your patient is in immediate danger,—for, as I have already hinted, the cardiac irritation in many cases is only temporary—but in others it becomes chronic and finally fatal. With this knowledge you will see the propriety of carefully watching, during the progress of an acute attack of inflammatory fever, the condition of the heart's action. I would advise you to auscultate frequently—auscultate at least every second day during the active stage of the disease—and should you detect any evidence of cardiac disease supervening, direct your treatment to it at once, and do not discontinue the use of alteratives and other remedies tending to promote absorption, until all abnormal signs are removed. All cases of valvular disease of the heart, however, are not attributable to rheumatism, though by far the greater portion are. In typhoid or continued fever, we not unfrequently find red, congested patches upon the heart, showing that infiltration might have taken place, as, I doubt not, it did in the case before us. In these cases, however, we should suspect the progress of the disease would be less rapid than in cases resulting from the former more common cause. And we so find it, manifesting itself slowly and insidiously. Thus in this patient, two years had elapsed before the development of his present symptoms.

In investigating all cases of heart disease, you will be careful to thoroughly distinguish between mere functional disturbance and true organic disease, the result of actual organic change. In some of the most distressing cases of cardiac trouble I have ever seen, there was no organic change—no change of structure whatever. I remember one patient particularly, who could not sit down and listen to a detail of these symptoms, without such a tumultuous throbbing of his heart,

dyspnœa and fainting, as would lead to the belief that he was actually about to die. Such cases are met with quite frequently, in both sexes, and yet without any structural change at all. In distinguishing them, you will find that in mere functional disorder, the mental emotions have much to do with the symptoms, and thus the paroxysms will be irregular—as apt, or more so, to occur to the patient while lying in bed, quiet, at night, as when about his ordinary business in the day-time. And there will be times when he will be as free from any symptom of heart disease as you or I. But agitate him by any unpleasant news, or sudden mental excitement, or over-load his stomach with a too hearty meal, and you have at once all the symptoms of functional disease of the heart.

In organic disease, on the contrary, the condition of the mind has less controlling effect; while a given physical exertion will produce a recurrence or increase of the paroxysm, be that exercise pleasant and agreeable or otherwise. We possess a more certain means of diagnosis, however, by auscultation, and by careful study of the indications thus afforded, we may with perfect certainty distinguish between functional disturbance and structural disease. You are already aware that the heart's action has three characteristics—the impulse; a first—*long*—and second—*short*—sound; and that when these are performed normally with relation to each other, the rhythm, as it is termed, is said to be normal. The apex of the heart, forced against the ribs, synchronously with the first sound—the systole, as it is called, after which we have a pause, then the short sound, or diastole, then an interval longer than the first, followed by the impulse, systole, pause, &c., and this we have seventy-five times a minute in the healthy condition. Now, no functional or nervous disorder will interfere with these sounds to modify their character or the relative duration of sound and interval—that is, during the interval between the distressing symptoms before referred to, we will find the rhythm of the heart normal and undisturbed. In anæmia we may have the first sound, or systole, accompanied by a soft blowing bellows sound—the *bruit de soufflet* of the French—and this may, in some degree, complicate our diagnosis; but if

we remember that the anæmic bellows sound is soft, and not rough, harsh, rasping or filing, and may further be distinguished in the neck, over the sub-clavian artery, we can proceed with our diagnosis. In organic disease we will find the rhythm perverted and unnatural; the first and second sound modified in various ways; the systole lengthened or shortened and changed in character, or the diastole, or both; or both merged into one sound: we may have rasping, filing or sawing sounds, a variety as extensive as the fancy of the listener chooses to recognize. And these sounds will depend upon alterations in the structure of the valves or orifices, and from their location, character and other indications, we are enabled to locate with a very considerable degree of accuracy the precise point of disease. As the hour is wearing away, and I am desirous you should all have an opportunity of examining the patient with the stethoscope, we will defer a further and more general consideration of these sounds, their significance, and so on, until we shall arrive at the subject in the regular curriculum of the lecture room.

Examination of Patient.—This was made under some disadvantages, as he was moderately under the influence of digitalis, and the sounds were somewhat obscured. *Impulse:* Muffled, and lacking in sharpness and quickness; very irregular and intermittent—beating rapidly two or three beats, intermitting a beat, and then three or four following in rapid succession. Intervals between pulsations, also, very variable. *Sounds:* the systolic and diastolic sounds are in a manner merged, by the occurrence of a rough drawing sound immediately preceding and accompanying the diastole, and diminishing the interval between the first and second sounds. This *bruit de soie* is heard more distinctly just below the level of the nipple, and across the body of the heart, diminishing over the aorta, and conveys the idea of the blood, after being propelled into the ventricle, hissing through a small opening back again—the situation corresponding to the left auriculo-ventricular opening. From the fact that the patient has had one or two attacks of hæmoptysis; from the dyspnœa and general œdema, there is evidently some pulmonary congestion; and the position and

character of the *bruit* point to a thickened and indurated condition of the mitral valve, allowing the blood to regurgitate from the ventricle, and so favoring pulmonary congestion. Hypertrophy is sufficiently proved by the muffled impulse—more a swelling out under the hand, than the true shock of a natural impulse, and by percussion. Dilatation is indicated by the absence of any corresponding increase of strength in the heart's action. The cedema of the extremities results from the combined influence of impoverished blood and irregular circulation; and it often happens that the dropsical symptoms are increased by the excretion of albumen with the urine, in connection with organic disease of the heart. The prognosis, in a case of this kind, is unfavorable; and the treatment can only be palliative. The avoidance of all active muscular exercise; the use of a plain but nutritious diet; and the moderate use of diuretics with mild sedatives, will do as much to comfort the patient and prolong life, as any course that could be pursued.

Service of Prof. E. ANDREWS, M.D., Professor of Surgery in the Med. Depart. Lind University.

New Instruments for the Treatment of Hip Disease.—Remarks and Cases Illustrating their Use.

GENTLEMEN:—

The treatment of *morbus coxarius* has undergone a great revolution within the last eighteen months. Before that time, it is true that surgeons understood the pathology of the disease, and employed, to ameliorate it, remedies which were at once rational and useful; but the difficulties, of a practical nature, which beset treatment, were such that in general the remedial measures were shorn of their efficiency, and almost reduced to the low grade of palliatives. The ends to be aimed at in this disease are: 1st, To correct the constitutional diathesis; and 2nd, To remove the local causes of irritation. In the constitutional treatment no material improvement has, of late, been made; but in the local measures, revolutionizing changes have been effected. The obstacles which have hitherto stood in our

way in managing this disease, were: 1st, The excessive dread of any operative procedure which should open the cavity of the joint; and, 2nd, The difficulty of preserving the inflamed synovial surfaces from friction against each other, without confining the patient to the bed for such a length of time as must prove disastrous to the constitutional vigor.

Those who have read the current surgical literature of the country for a year past, will readily recall the following conclusions, which are now admitted by the best surgeons:

1st. In the primary stages of the disease there is often an excess of synovia secreted, which, by its presence in the confined sac of the capsular ligament, greatly increases the pain and exasperates the inflammation. It is now deemed advisable to tap the joint and evacuate the fluid in such cases. This is usually accomplished by introducing a small trochar through the capsular ligament behind the great trochanter. If there is an accumulation of pus in the cavity, it is evacuated in the same way. In this manner the parts are relieved, and in many instances the destruction of bone is prevented. 2d. If, however, the bone has actually become carious, it is deemed best to operate at once, and remove the diseased portion by excision of the head of the bone. It is found that patients bear this operation well, and that the risk is a mere trifle compared with the appalling danger of leaving the sequestrum for years as an irritant and provoker of exhausting suppuration. The old objection that the ilium *may be* involved in the caries, has no force. Usually that bone is sound, and when otherwise it is often affected only around the acetabulum where the gouge readily removes the diseased part. In short, we remove carious and necrosed bone from this region, with just as little hesitation as from any other part of the body. The tapping of the joint in some cases, and the excision of the diseased bone in others, are finally established as important remedies in this disease.

In addition to these improvements, we have equally important ones in the mechanical appliances made use of.

Formerly the long splint, or the starch bandage, combined with rigid confinement to the bed, were the only measures by

which we were able to prevent the friction and pressure of the inflamed surfaces against each other. The objections to these measures are: 1st, That the confinement to the bed is disastrous to a constitution already half ruined by debility. 2nd, That so far as the starch bandage is concerned, it only relieves the *friction* of the joint, but does not diminish the *pressure* on the diseased surfaces. To accomplish these indications better, Drs. Davis and Sayres, of New York, have each produced a splint, one being a modification of the other. I have been able to see only one of these which I will now describe. It consists of a steel splint fitted to the curves of the outer side of the hip, thigh and leg. It is attached to the leg by adhesive straps, and to the hip by a perineal band. It is provided with a ratchet, &c., for the purposes of extension. With this apparatus the limb is kept extended so that the pressure of the inflamed head of the femur into the acetabulum is completely taken off. The patient is not confined to his bed, but allowed to go about, taking air and exercise, and invigorating in this way his general health.

In making use of a similar apparatus, however, I find the following inconveniences:

1st. The splint, in order to make proper counter-extension, necessarily reached high above the hip joint. It therefore operates to prevent the flexing of the thigh on the body to such an extent as to render all motions of sitting down and rising up very difficult.

2nd. When applied after excision of the head of the bone it comes over the seat of the wound in such a way as to not only become fouled by the discharges, but to very much interfere with the cleansing and dressing of the limb.

On this account I have sought to modify the principle, and have devised the instrument, which you here see. It consists, you see, of a rod of iron, to be applied to the *inner side* of the leg and thigh, with a foot piece, which is riveted to the sole of the shoe. To the upper end is attached a sliding rod and screw for extension, surmounted by a crutch top well padded, which rests against the perineum. In adjusting it the foot is placed in the shoe and held there by long and broad

adhesive straps attached to either side of the leg and brought down and tied or sewed under the foot piece. The screw is then turned up until the padded crutch top rests firmly against the perineum, and the desired extension is accomplished. In this way the weight of the patient rests upon the instrument and the instrument upon the ground, without impairing the extension. The superior extremity not reaching above the joint, the patient readily flexes the thigh when sitting, and the instrument being on the inner side of the limb, is out of the way of any foul discharges after the operation of excision.

CASE 1.—This little girl was presented to you some months ago in the very first stages of the disease. She then discontinued her attendance for a time, but again gradually getting worse, she returned. The left lower extremity was as usual drawn up in the vain instinctive effort to lift the acetabulum away from the torturing pressure of the head of the femur. There was the usual pain in the knee and a general excitement and irritation of the nervous system; but no evidence of actual caries. I applied at once this instrument, keeping it on night and day. From that hour the patient began to improve. The joint, relieved from pressure, grew less inflamed, the pain subsided, and the apparent shortening disappeared. At the present the patient walks about upon the instrument without suffering, and is in a fair way to recover with a perfect limb.

CASE 2nd.—This man lay in the wards a long time, with obscure symptoms resembling rheumatism. At length, however, there were evidences of a suppurative diathesis; the disease manifested its location in the hip joint. The limb took on all the usual appearances of hip disease in the early stages, and I considered the resemblance sufficient to call for the same treatment. Accordingly the instrument was constructed and applied. The result was most gratifying. The soreness from that time began to subside, the limb came down to its place, and now the patient walks freely on his instrument without a particle of suffering. You will observe by pressure upon the dorsum of the ilium, a hard projecting ridge, showing that there has been extensive periostitis around the joint, and that had it not been for this mode of treatment he would

doubtless be now laboring under the evil of a carious hip joint.

CASE 3rd.—This little girl was first brought under my care with the bone already necrosed. She was thin, pale, exhausted by suppuration and tortured by pain. I excised the superior extremity of the femur. The ilium was found healthy and required no gouging; but the head of the femur was entirely gone, and several sequestra ledged in the shaft. After the operation the apparatus was applied as in the former cases. The pain very soon disappeared entirely; the patient gained flesh and strength, and now walks with comfort upon the instrument. By continuing the use of it we shall prevent the limb from being much shortened, and after the femur has contracted a tolerably strong ligamentous attachment to the ilium, the artificial support may be left off, and we shall see that there will be a surprisingly good use of the limb in walking notwithstanding the loss of substance in the bone. I have other cases on my hands, but they are not yet sufficiently advanced to enable me to report their results to you.

The instrument costs only about three dollars for the iron work, if made in a plain way. The padding of the crutch piece, which can be done by any ingenious seampstress, should be covered with oiled silk, or sheet india-rubber, to prevent the absorption of perspiration or other secretions.

Thus, gentlemen, you will find in your experience that *morbis coxarius* is a disease which has lost a great part of its terrors. By the measures which I have explained to you, it will yield to your skill, and you will find yourselves able hereafter to save many a life such as your predecessors have been wont to lose.

BOOK AND PAMPHLET NOTICES.

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY, *at its Tenth Annual Meeting, held in Paris, May 8th and 9th, 1860.*
Chicago: Wm. Cravens & Co., 132 Lake-st., Printers.

This is a volume of 226 pages, containing the record of Proceedings of the Annual Meeting, and Reports on Diseases of the Eye, by Dr. E. L. Holmes; on Inflammatory Affections of the Female Breasts, by Dr. W. H. Byford; on Surgery, by Dr. D. Brainard; on the Food most proper for Infants when deprived of the Milk of the Mother, by Dr. N. S. Davis; on the Nature and Treatment of Rheumatism, by Dr. J. S. Whitnire; on the Medical Uses of Veratrum Viride, by Dr. A. Hard; on Practical Medicine, by Dr. C. Goodbrake; on Perineal Pressure to Facilitate Labor, by Dr. T. D. Fitch; and the List of Members who have paid their Annual Assessments. This is the largest and most interesting volume of Transactions ever published by this Society. Copies can be obtained by applying to the Secretary, Dr. N. S. Davis, of Chicago, and enclosing a three cent postage stamp to pay the postage.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY, *at its Eleventh Annual Session, held in Indianapolis, May 17th and 18th, 1860*

This is a Pamphlet of 68 pages, the record of Proceedings of the Annual Meeting; the Presidential Address, by Dr. David Hutchinson; a Paper on Artificial Lactation, by Dr. Charles M. Wetherill; on Medical Inhalation, by Dr. T. W. Fry; on the Progress of Medicine, by Dr. J. H. Brower; on Diphtheria, by Dr. R. E. Haughton; on Medical Education, by Dr. Charles Fishback; also the Constitution and By-Laws of the Society, and a List of Members. Nearly all of these Papers possess the merit of brevity, and may be read with profit. The following are the conclusions of Dr. Haughton in relation to Diphtheria:

Summary.—1. Diphtheria is a specific disease, as is seen in its history, its progress, its mode of extension, and more particularly in the character of its exudation; also in its choice of locality, in its toxic influences, its termination and its sequelæ.

"2. It is often confounded with scarlatina angina, with cynanche gangrenosum, with ulcerative tonsillitis, and may be, even, with cynanche trachealis.

"3. It is not fully determined to be contagious or infectious. It is both epidemic and endemic, and prevails with much severity in limited centers of population.

"4. It presents itself under three varieties:—I. Simple diphtheria. II. Laryngeal or croupal diphtheria. III. Malignant. The first is easily managed; the second is very dangerous; the third nearly always fatal.

"5. The simple variety may be treated with mild stimulating gargles; the other varieties energetically with the internal administration of quinine, pot. chlor., mineral acids and vegetable tonics. The tr. ferri chlor. both internally and locally; a strong solution of the argent. nit. to the throat, and a solution of chloride sodium, as a disinfectant. As adjuvants: ventilation, nutritious diet, stimulants and sponging.

"6. Tracheotomy is contra-indicated in all cases."

TO WHAT AFFECTIONS OF THE LUNGS DOES BRONCHITIS GIVE ORIGIN?—An Essay, by DANIEL D. SLADE, M.D., of Boston, for which a Prize of \$100, was awarded by a Committee of the Massachusetts Medical Society.

This is a very interesting Essay of 75 pages, printed on good paper, and in good legible type. It presents a fair summary of what is known concerning the subject on which it treats; but claims no novel discoveries or important additional facts. We quote the closing pages of the Essay, which will give our readers an idea of the topics discussed, and the conclusions drawn by the author:

"In the preceding pages, we have endeavored to point out the immediate and remote effects of bronchitis, as shown more particularly by the *pathological* states of the lung. We first directed attention to the effect of inflammation upon the lining membrane of the bronchi, and their secretions, and the consequent effects upon the auscultatory phenomena of the chest. We then spoke of death from apnoea, the result of sudden and

abundant effusion of the inflammatory secretion, or of the plugging up of one or more of the principal bronchi. We proved that all the phenomena exhibited by the physical signs of bronchitis were in perfect accordance with the anatomical appearances, which we described.

"Next, we considered the direct effects of the obstruction of the bronchi upon the adjacent pulmonary tissue, leading to that peculiar condition, collapse of the lung, a lesion which has but lately been properly understood, having been heretofore considered and described as a form of pneumonia. The history of this affection we discussed at some length—commenting upon the light which a knowledge of it had thrown upon the pathological condition of the lung, particularly in childhood.

"We next considered the causes of this lesion—and whether obstruction of the bronchi, without some deficiency in the respiratory power, was sufficient to bring it about. We gave the views of several observers on this point, and the results of experiments on animals—and having discussed the relative effects of inspiration and expiration, in their power to get rid of bronchial obstructions, as well as the mechanical condition, conducing to the production of collapse, to be found in the air-tubes themselves, we arrived at the following conclusions:

"That the production of collapse of the lung is due—first, to the existence of mucus in the bronchi, which is the more liable to produce collapse in proportion as it is tenacious. Second, to weakness or inefficiency of the inspiratory power, however it may be caused. Third, to inability to cough or to expectorate, and thus remove the obstructing mucus.

"Bronchitic collapse of the lung occurring under two different forms, we gave the anatomical appearances which they present, observing also, that the disease offered the same characteristics in the adult as in the child.

"The question of bronchial abscess next occupied us. We considered its pathology and relation to bronchitic collapse and, the views of several observers on this point.

"The diagnostic symptoms of collapse having been given, we considered, whether this condition being once established, the lung could be restored to its normal condition—a consideration which led to the question of the function belonging to the muscular fibres of the air-tubes.

"Does bronchitis give rise to true pneumonia, lobular as well as lobar? We presented the views of several authors on this point—as also the anatomical appearances of partial (lobular) pneumonia.

"We next passed on to the secondary and more permanent lesions of the lung—the result, for the most part, of bronchitic

collapse. We said that this pulmonary lesion led to atrophy of the lung—which we fully considered, giving the observations of Dr. Gairdner, and others, on this point, and on the pulmonary concretions which are not unfrequently found in the midst of atrophied lung.

“Next in order, as secondary effects of bronchitis, we discussed the important subject of vesicular emphysema. Describing the nature of this lesion, we considered at some length the conflicting theories which have been offered to account for its development. We endeavored to show that the theory of Laennec and others, which would ascribe the origin of emphysema to forced *expiration*, could not be supported, reasoning on the mechanical incapability of the act, but that the experiment of M. Groux, upon himself, would seem to decide otherwise; so that we are forced to admit that vesicular emphysema *may* be produced by the expiratory act.

“The *inspiratory* theory of Dr. Williams and others, we attempted to prove, approached the truth, but did not cover the entire ground. Reasoning from the fact that the inspiratory power of the chest is exactly limited by its capacity, it is obvious that inspiratory force can no more distend the air-cells so as to produce emphysema, than it can do so in perfect health. Another condition is therefore necessary to the perfection of the theory, and this is to be found in partially diminished bulk, or, in other words, pulmonary collapse or permanent atrophy of some portion of the lung.

“These observations are based not only upon what the anatomical appearances teach, but upon the peculiarities which are presented by the ‘emphysematous chest,’ and the relation which it bears to pulmonary emphysema.

“Certain pathological alterations of the bronchi, the contraction, obliteration, as well as the dilatation of the vessels, as secondary results of bronchitis, were next attended to. The forms, causes and changes in the lung due to these conditions, were spoken of.

“The nature of asthma, and its relation to bronchitis, were discussed. Having again spoken of the de-obstruent action of the air-tubes, we said that attacks of asthma, especially that which is termed ‘Humoral,’ were undoubtedly owing in many cases to a spasmodic derangement of the muscular fibres of the bronchi, whereby a great accumulation of mucus took place. Connecting these two phenomena, it is obvious that if this removal of the mucus depends in a healthy condition upon the regular action of these fibres, its accumulation must accompany any derangement of that action.

"In our remarks upon the relation of bronchitis to phthisis, we said that observation and experience have now conclusively shown that this affection is to be considered as a cause of phthisis *only when a predisposition exists*; that there was in reality very little or no foundation for the widely-spread opinion that bronchitis is a frequent and direct cause of phthisis.

"We closed with some general observations upon the etiology and prophylaxis of the disease."

ANNUAL ADDRESS, delivered before the Philadelphia Medical Society, March 26th, 1860. By R. LA ROCHE, M. D. Published by order of the Society.

This is a neatly printed Pamphlet of 61 pages, and contains a very elaborate and interesting examination of the 5th Satire in the 1st Book of Horace, "in its application to questions of a professional nature." Though a singular theme for an anniversary address, the manner in which it is presented will add to the previously high literary reputation of the author.

CONTRIBUTIONS TO THE MEDICAL FLORA OF NASHVILLE, TENN.
By GEORGE S. BLACKIE, M. D., Prof. of Botany and Natural History in the University of Nashville.

This little Pamphlet of 23 pages, was designed to call the attention of the practitioners of Medicine in the vicinity of Nashville, to the numerous and important indigenous articles found growing in their own woods, fields and road-sides. It is well written, and will serve a useful purpose.

MEDICO-LEGAL INQUIRY, concerning the value of Testimony respecting facts as they appear to a Mind partly Conscious. By T. L. WRIGHT, M. D., of Bellefontaine, Ohio.

This is a Pamphlet of 32 pages, re-printed from the Transactions of the Ohio State Medical Society. The object of the author is to show that the testimony of an individual in relation to facts supposed to have taken place, while such individual

was partially unconscious from the influence of anæsthetics, is entirely unreliable. The subject is ably discussed by the author.

We have received a copy of "Hartshorne on Principles of Medicine," and also one of "Hodge on Diseases Peculiar to Females;" but we must defer a proper notice of them until we have had time to give them a more careful examination. They are for sale at the book-store of W. B. Keen & Co., on Lake street.

SELECTIONS.

Tapeworm.—Dr. Cubbold read before the Middlesex Hospital Medical Society, October 15, a paper on tapeworm, its prevention and treatment. The very interesting observations of recent naturalists upon the development of tapeworm, and their relationship to the cystic entozoa were pointed out, and illustrated by diagrams and specimens. The author then remarked, that to harbor parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species, and innumerable individuals inhabiting the same creature. Upwards of twenty species of entozoa are known to infest the human body; of these, four belong to the Tæniadæ or Tapeworm family, viz., *Tænia solium*, *T. mediocanulata*, *T. nana*, and *Bothriocephalus latus*. The means of prevention are to avoid the introduction of the creature in its undeveloped, or cystic condition into the system. In this state it has received the name of *Cysticercus Cellulosæ*, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tapeworm. The treatment recommended was half a drachm of æthereal oil of male fern, mixed with an ounce of honey, half to be taken at night fasting, the other half the next morning, followed in two hours by a brisk purgative.—*Med. Times and Gaz.*, Oct. 27, 1860.

M. Jobert's Method of Treating Stricture.—The *France Medicale* of the 11th ult. contains a clinical account of M. Jobert de Lamballe's practice, at the Hotel Dieu de Paris, in the treatment of stricture. The French surgeon's opinions are rather sweeping, as he condemns pretty well every mode of treatment save his own, which is described as follows: Take an emplastie bougie, and soften the extremity at the flame of a lamp; then incorporate more or less alum with it, according to the effect you wish to produce, and gently carry down the instrument to the seat of the stricture. There leave it a quarter of an hour. After two or three applications (the intervals are not mentioned), inflammation of the mucous membrane and discharge follow; the canal becomes disgorge by this transitory catarrh, and a bougie with an olive-shaped extremity passes easily. The case quoted in support is in nowise conclusive, and we must submit that the alum incorporation does not seem to us to present any advantages—rather the contrary. This practice of M. Jobert somewhat resembles the new mode of treating gleet in Paris, alluded to by our own correspondent; but practitioners will probably require good proof that these methods are really efficacious, and that they produce no mischief, before they have recourse to them.

Cold versus Heat.—The annual deaths by cold and by burns in this country follow a curious law of progression when their frequency is compared with the temperature of the year. Thus the temperature of 1855 was low, and in that year deaths by cold amounted to 195, and deaths by burns and scalds to 3177; and in the year 1857, the temperature being high, the deaths by cold did not exceed 45, and by burns 2717. In the four years out of nine when the annual deaths by cold exceeded 100, the deaths by burns and scalds were 2826 on an average; in the four years when the annual deaths by cold were less than 100, the deaths by burns and scalds were 2710 on an average. The additional fires in cold weather, and the disposition to approach them without due caution, sufficiently explain this, while they also indicate the importance of applying widely the principle of rendering dress non-inflammable.

The Cholera in Spain.—The “*Siglo Medico*” of Madrid contains an article which shows that the cholera has regularly broken out in some part of Spain since 1854. From the 1st of May to the 29th of June of this year, 5344 cases occurred at Malaga, the deaths being 2267. Many provinces have been invaded, but Madrid has as yet escaped.

Ethereal Instillations into the Ear for the Cure of Deafness.

—The excellent report read by M. Meniere, Physician to the Deaf and Dumb Asylum in Paris, at a late meeting of the Academy, has completely set at rest the question of the efficacy or inefficiency of ethereal instillations into the ear for the cure of surdo-mutity. M. Meniere availed himself of the advantages afforded by his position at the Asylum, and instituted a series of experiments with a view to the solution of what, strange to say, was, and is still in many minds, an undecided question, and came to the conclusion that sulphuric ether exerts *no action whatever* upon the auditory senses of those congenitally deaf and dumb. M. Meniere might have been entitled to carry his condemnation still further, but said that, in his character of scientific experimentalist he was bound scrupulously to respect the limits he had himself imposed upon his researches.—*Bos. Med. and Surg. Jour.*

Effectual Use of the Sponge Tent in Sterility.—M. Pieffer mentions, in *L'Union Medicale* of the 28th ultimo, that Prof. Stalz, of Strasbourg, succeeded in removing sterility in the case of a healthy childless couple, who had been married four years. On examination, the cervix was found extremely narrow and very rigid. The use of tents of prepared sponge for a month or six weeks, with an occasional warm bath of an hour's duration, was advised; and the lady became pregnant two months after beginning the treatment. She was eventually delivered of a healthy boy. This procedure seems to M. Pieffer preferable to the division of the cervix, as advised by Dr. Simpson, especially where the patients object to the use of the knife.—*London Lancet.*

 In the September number of the *London Pharmaceutic Journal* for 1860, it is stated that, on dividing the pupils of the Polytechnic School of Paris into smokers and non-smokers, it is shown that the non-smokers have proved themselves, in the various competitive examinations on entering the schools, scholars of a lower rank; but in the various ordeals they have to pass through in a year, the average rank of the smokers has constantly fallen, and not inconsiderably, when the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind.

A Hospital for Negroes has been established at Charleston, S. C. The medical attendants are Dr. Cain, Physician, and Dr. Chisolm, Surgeon. It is to be opened for clinical teaching.—*Bos. Med. and Surg. Jour.*

John Hunter.—The Council of the Royal College of Surgeons have caused a beautiful memorial tablet to be placed over the site of the grave of Hunter, now resting in Westminster Abbey, with the following inscription:—

“Beneath are deposited the remains of John Hunter. Born in Long Calderwood, Lanarkshire, N. B., on the 13th of February, 1728. Died in London on the 16th of October, 1793. His remains were removed from the Church of St. Martin’s-in-the-fields to this Abbey, on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter, to record their admiration of his genius, as a gifted interpreter of the divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientific surgery.”

This inscription is deeply cut in brass, of a Gothic design, inlaid in a slab of polished red granite, and presents that chaste and elegant appearance for which the Messrs. Hardman, of Birmingham, who executed the work, are so distinguished. Mr. Weekes, the eminent sculptor, is progressing favorably with the model of the statue, which is to be of marble, and to be placed in the Hunterian Museum, thus to be comparatively buried. Why was not a public site chosen for it? Mr. South, the president of the college, still continues to receive subscriptions toward the foundation of a scholarship (after payment for the statue), in order to perpetuate still more the immortal genius of Hunter. Our transatlantic brethren have already sent a handsome sum to Mr. South, as a first installment towards this desirable project.

EDITORIAL.

A REQUEST.

Those members of the profession who receive the present number of the *Examiner*, will place us under obligations by answering, as promptly as may be, the following questions:—

1st. How often (approximately or accurately), have you used Chloroform as an anæsthetic?

2d. Have you ever had any dangerous or fatal results from its use? If so, what?

3d. Are you personally cognizant of any dangerous or fatal results from its exhibition by others? If so, please detail case or cases.

4th. In the detail of cases, (dangerous or fatal), be pleased to specify particularly the mode of, and *position*, of the patient during its administration, the character of the operation to be performed, alarming symptoms, restorative means used, etc.

FISHER vs. STONE.

This case, which was a suit for slander instituted by Dr. A. Fisher, of this city, against H. O. Stone, recently occupied the attention of the Circuit Court through a very protracted period, and finally terminated in a verdict for the defendant.

The circumstances were briefly as follows:—Dr. Fisher, who is a physician and surgeon of good reputation and unexceptionable character, was called to attend Mrs. Stone in her confinement. The labor was rather tedious, and the delivery of the after birth accompanied by some more hemorrhage than the average, though not sufficient to create alarm. The patient was comfortably put to bed, and in a short time the attendants took some refreshments and retired. The patient progressed in her recovery slowly, but was so well at the end of nine or ten days, that the Doctor ceased his visits. She continued to progress favorably for something more than a week, during which time she sat up some, and on two or three occasions she was assisted to her piano, where she played and sang freely. About this time a moderate secondary hemorrhage occurred, which caused the patient to be confined to her bed, and to have Dr. Fisher re-called. As the hemorrhage was very moderate in amount, it was attributed to weakness and over-exertion, and the patient put upon the use of tonics and astringents, both internally and locally, without resorting to a vaginal examination. After persisting in this course for several days without success, the Doctor resorted to an examination per vaginam, and very much to his surprise found the uterus inverted and occupying the vagina. Dr. Fisher continued to

attend the patient on the most friendly terms for many weeks after the discovery of the inversion, but failing to persuade her to submit to an operation for its re-position, and her health remaining bad, she determined to go to a water-cure establishment in New-York State. After she left Chicago, she soon came in contact with medical men who claim that inversion of the uterus *always* takes place during the delivery of the placenta or soon after delivery. And of course the patient and her husband were soon taught to believe that her inversion had occurred immediately after delivery, and had been either purposely concealed, or culpably overlooked by her medical attendant, Dr. Fisher.

Consequently, on his return home, Mr. Stone commenced a relentless warfare upon the professional character of Dr. Fisher. On account of this, the latter commenced the suit for slander. The defendant did not deny the slanders, but pleaded *justification*, alledging that the inversion had occurred either through the carelessness or unskillfulness of the plaintiff in delivering the placenta. A large amount of medical testimony was adduced by both parties, by which much difference of opinion was shown to exist among the most enlightened members of the profession, in relation to the mechanism of inversion of the uterus; its efficient causes, and the periods of time at which it may take place. From the opinions given in the course of this trial, and those found expressed in the pages of our medical literature, we are satisfied that there are very prevalent and important errors existing in relation to this subject. Errors, indeed, that are dangerous to the reputation of every practitioner of the obstetrical art: and which, as they now stand, afford an almost insuperable obstacle in the way of obtaining justice in any court where this subject is involved. Hence, if time will permit, we shall carefully review the subject of *inversio-uteri* in the next number of the *Examiner*.

Resignation.—We are informed that Prof. A. S. Hudson, has resigned the chair of Physiology and Pathology in the Rush Medical College of this city. The duties of the chair

are being discharged by other members of the Faculty for the present session. The school seems to be enjoying a fair degree of prosperity, so far as regards the number of students, there being about 120 Matriculants.

The Examiner.—The present number completes the first volume of the Chicago Medical Examiner. It will continue to be issued, as heretofore, during the first week of every month. We propose to make no changes in the general plan and objects of the Journal, but to make every possible exertion to fill its pages with such matter as will be of the greatest utility to the profession of the North-West. As the January number will commence a new volume, it is a favorable time for new subscribers to send in their names. And we trust that all our old subscribers, as well as the new ones, will remember that our terms are \$2 per annum, payable in advance.

Medical Department of Lind University.—We saw in a late number of the *American Medical Times*, a letter dated Chicago, and signed "Pillula." The writer, after giving an eulogistic account of the Chicago Charitable Eye and Ear Infirmary, and the opening of the lecture term in the Rush Medical College, states that the present session of the Lind University opened with a *rather smaller* class than last year, with the evident design to convey the impression that this Department of the University was proving a failure.

We would respectfully inform the *Times*, that "Pillula" is mistaken. The present session opened with a class twenty-five per cent. larger than last year, and the number now in regular attendance is between forty and fifty. The Junior, Senior, and clinical departments are all well attended, and in every respect the institution is enjoying a degree of prosperity fully equal to the expectations of its most sanguine friends.

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